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Unvergängliches Deutschland, Neufeld & Henius, Am. Rep. B. Westermann

A sapphire blue lake—the "Königsee"—set in mountains eternally snowcapped, which provide a background for villages of old world charm. A scene such as many nurses will enjoy this summer while traveling abroad after attending the International Congress of Nurses

SPOT-LIGHTING TUBERCULOSIS PROBLEMS

THE THIRTY-THIRD annual meeting of the National Tuberculosis Association took place in Milwaukee, Wisconsin, the week of May 31st. More than 1200 people for whom the double-barred cross is coming to mean victory over tuberculosis gathered to report progress and to examine the weak spots in our present line of attack. After listening to the medical, statistical, and clinical authorities, and viewing the graphic charts prepared for exhibit purposes, it would be a dull head indeed that was not aware of the most pressing problems in this field and a leaden soul who did not come away with fresh determination to do something about them.

For brevity we offer this resumé of the salient points. They are not in order of importance nor expressed in the technical language of the true scientist—indeed their parents might not recognize them, but here they are:

We still face a disturbingly high mortality rate from tuberculosis among women 20-30 years of age, among men 35-50, and among Negroes. No explanation has been offered as to the cause of the differences in mortality rates among men and women and between different localities, except to cite the possible influence of urban conditions and the high degree of industrialization among men. We must add to the uncovered fields of work at present all contacts, the personnel in hospitals and sanatoria, and relief and Works Progress Administration groups. If we are to seek tuberculosis where it is in evidence, it must be among adults: among young women, and slightly older men—in colleges, industry, professional schools, hospitals, and particularly among unskilled workers. Tuberculin testing of elementary school children is not amiss, but "pay dirt," as one speaker put it, is among adults.

What of the preventorium? Has it outlived its usefulness? Is there a wider field for it as a convalescent home? Should it try to serve handicapped children as well as the tuberculous? Should foster homes be used for non-infectious children who cannot be cared for at home—or should the children's own homes be rehabilitated? No one decided, but everyone thought and talked a great deal about it, and the possibilities for a new conception of service through the preventorium were very stimulating.

Rehabilitation. Another word on everyone's lips, and we suggest that for a report of that situation you read the articles on the rehabilitation of the tuberculous in the April number of the magazine, *Occupations—The Vocational Guidance Magazine.*

The day will come when no patient will lie day after day with no future ahead, hopelessness gnawing at his soul and a sense of unfitness preying on his mind, but will be early led to talk over his abilities, his likes, his dreams, his ambitions with a trained psychiatrist and social worker—and as soon as possible put in the way of learning some skill or trade or perhaps hobby, that will give him something to live for and some help toward a livelihood when health returns.

Undoubtedly, for nurses, Dr. J. A. Myers' paper on the incidence of tuberculosis among hospital personnel—though not news to those of us who have read his articles in the *American Journal of Nursing* and elsewhere—was like a dose of camphor in oil, caffeine, strychnin, and adrenalin all thrown into one. That our reputable schools of nursing and hospitals should have neglected to protect by every possible means the health of their personnel seems incredible. That such an evident source of infection should have gone unrecognized

for so long—"burns one up," to use the current phrase.

We hope that every man and woman, lay or professional, who heard Dr. Myers' report will return home and say to every hospital within radius of their voice—or pen: Are you tuberculin testing your hospital personnel upon admission to a position, following through with x-ray, and testing recurrently thereafter? Are you sure you are not asking your staff to care for undiagnosed tuberculosis in the general wards? And finally, are your protective techniques up to standard?

As public health nurses whose responsibility naturally leads us to seek infection at its source, let's not forget ourselves! Either as students, graduates, or retired nurses. The N.O.P.H.N. recommends yearly health examinations with x-rays as indicated, for all staff nurses in active duty in the field. Let us set the example for all employed nursing groups! This is the message for us from this annual meeting. D.D.

NATIONAL CONFERENCE OF SOCIAL WORK—1937

THIS REPORT is written on the last day of the annual National Conference of Social Work.* There have been six warm days of animated discussion on every subject known to maladjusted man, it would seem. As one of the 6500 conscientious listeners and occasional participants—what has it all meant and what has been gleaned of vital interest to public health nurses and nursing in these thirty or more meetings?

Of primary interest, of course, were the developing plans for extended health service under the special titles of the Social Security Act. The fact that on the second day of the conference the Supreme Court rendered its favorable decision on the constitutionality of the old-age and unemployment-insurance clauses of the Act greatly stimulated thinking and aroused all those connected with health work to dream again of the possibilities of a medical- and nursing-care program included as an amendment to the Act.

Other meetings were concerned with the functioning of the crippled children's program under the United States Children's Bureau, with the Resettlement Administration's plan for health service in the rural resettlement areas, and with developing an adequate federal program for the health of transients. (The figures given on the incidence of syphilis and gonorrhea and tuberculosis among transients were disturbing in the extreme.)

Through all the meetings, a public health nurse met familiar philosophies of long acquaintance. The social workers, it seems, are vigorously stressing lay participation and understanding of their programs; they, too, are working toward the establishment and wise administration of merit systems to ensure qualified personnel; they, too, are facing and studying the question of retirement plans for workers in private agencies. Indeed, several papers—with the substitution of the words "public health nursing" for "social work"—might well have been offered at our biennial convention.

An awareness of some of the lacks in our field grew from listening to these speakers. For instance, judging from the experience of social workers, we are going to have to write job specifications for positions in public health nursing. We are going to have to learn a lot more than we know about the use of

*Indianapolis, Indiana, May 24-29, 1937.

"coördinating councils," about our relationship to labor unions, about forms of group health insurance, about developing and holding lay interest in public agencies, about professional old-age security with relation to government planning as well as private responsibility for such security.

In the general field, the conference stressed in almost every meeting the need for a nation-wide, complete, authoritative study of unemployment, the vital importance of placing only qualified personnel in the public welfare positions, and the timely contributions the private agency has to make to the public-agency program here and now. That aid from the Federal Government is still needed at a hundred different points in our social and health services, all agreed. But there seemed—to this listener at least—a genuine reluctance and perhaps a dread on the part of many experienced leaders of seeing local community interest, responsibility, and initiative killed if, as one speaker put it, we allow too much "government by telegram." Individuality of action and thought seems far too precious a heritage of our American people to see it weakened by the removal of all authority to Washington. Surely there is some sort of articulated partnership that can be worked out between government departments and local units which will meet community needs on a shared basis and preserve a sense of local responsibility for local problems—which, after all, is in its essence neighborliness.

—D.D.

The Diabetic Child in a Summer Camp

By RUSSELL RICHARDSON, M.D.

The diabetic child develops self-reliance and learns to associate with normal children while he benefits by the outdoor life in the summer camps described here

THE DIABETIC CHILD must not only adjust himself to the surrounding world, as is the lot of all children, but must keep his own body in adjustment so that health, and perhaps even life itself, are not sacrificed. In maintaining this bodily adjustment, diet, insulin, exercise, and the frequent examination of blood and urine entail such constant care and attention that he sometimes finds it well-nigh impossible to develop properly in a world that shows him little consideration.

Furthermore, the need for bodily growth and the excessive activity of childhood, combined with a functional instability which is not present in later life, make his problem greater even than that of the adult diabetic. He often fails to understand how and why he is different from other children, and why, therefore, he must maintain so carefully the delicate balance on which health depends. The adult diabetic has already established his place in the community when his diabetes occurs, and only a relatively small alteration in the routine of his life is necessary.

Any aid which can be given the child toward learning how to associate with normal children, and at the same time, how to care properly for his own bodily deficiency, helps him to grow up in as nearly normal a manner as possible.

Camp life provides this assistance to a remarkable degree, combining as it may the necessary diabetic instruction with outdoor play.

Dr. Priscilla White has recently described the camps for diabetic children in New England.* The first of these was started in 1925 and all have been very successful. They have been run for diabetic children only, and the routine of camp life has been adjusted to their peculiar requirements.

Such camps have provided a vacation and outdoor life with the special instruction needed by these diabetic children. A further benefit, which is not to be overlooked, is the opportunity which is provided the parents for a vacation from their children. Even the best of these boys and girls are a continual responsibility to their parents, and after a period of separation they return to each other refreshed and heartened to resume their life together.

CHILDREN SENT TO REGULAR CAMPS

The work described here was undertaken in an attempt to fit underprivileged diabetic boys and girls into camps established for the benefit of normal children of the underprivileged group.

Special reasons appeared to us to justify this attempt. A camp run for diabetic children alone can of necessity be carried on only in a populous area where there are a sufficient number of these children. In smaller cities, where comparatively few diabetic children are listed in the hospital clinics, it is not possible to organize a camp for them alone. Unless they can attend a regular summer camp they are deprived of the bene-

*White, Priscilla, M. D. "Diabetic Camps," The Commonhealth, Massachusetts Department of Public Health, April-May-June, 1934, page 111.

fits of camp life. Furthermore, it appeared to us that it would be an advantage for these children to learn to take part with non-diabetic children in the life of the camp. Though some diabetic boys and girls have learned to associate with their non-diabetic comrades on an almost equal footing, others have not solved this problem and spend much time alone because of a fancied difference in their status.

Through the coöperation of the director of University Camps of the Christian Association at the University of Pennsylvania, the Metabolic Clinic of the University of Pennsylvania Hospital has been able to send small groups of underprivileged diabetic children to these camps for a three-weeks' period for the past two years.

This was done with the idea of learning: (1) whether it would be possible to take care of the children properly from the standpoint of their diabetes; (2) whether a diet for diabetic children could be provided from the regular camp menu without extra expense; (3) whether the diabetic children could meet the non-diabetic children in athletic and non-athletic activities and profit by the experience.

THE UNIVERSITY CAMPS

The University Camps are situated about three miles apart at Green Lane, Pennsylvania, about 40 miles from Philadelphia, and provide facilities for 150 boys and 90 girls. The buildings at each camp consist of a recreation hall, dining room, infirmary, counselors' house and a number of small open buildings for sleeping. The latter accommodate from 15 to 20 children each.

The personnel of each camp consists of a director, a camp physician, and a number of counselors selected from among the students at the University of Pennsylvania.

The activities are such as are usually found in a summer camp of this sort, and due to the personal interest and attention of the director of the camps, are carried on with a high degree of excellence.

Six groups of children are taken for ten-day periods each during the months of July and August. The charge is $6 per child for the period, though this may be reduced where necessary. The children range in age from 9 to 16 years.

THE DIABETIC UNIT

The children in each diabetic unit, consisting of not more than ten children to one supervisor, slept in one cabin with the supervisor. This person must be someone thoroughly familiar with caring for a diabetic and able to calculate and weigh diets, administer insulin, relieve reactions, and care for any emergencies that may arise.

The first year, when we sent only a unit of girls to camp, an experienced metabolic nurse was the supervisor in charge. Last year the girls were supervised by a woman medical student and the boys by a man. These two medical students had studied and worked in the clinic, and then had undergone a period of intensive practical training at an institution that could give them the desired background. At this institution the nurse of the previous year gave them special instruction based on her experience at the camp.

A physician from the University Hospital clinic visited the camps daily, making such changes in diet and insulin as seemed necessary because of the increased activity of the children, and supervising the general running of the unit.

LABORATORY AND ROUTINE PROCEDURE

A special room in the infirmary was allocated to the diabetic unit in each camp. This was equipped with all the necessities for giving insulin, relieving reactions, taking blood specimens, and collecting and examining urine specimens.

Each child was assigned a large bot-

tle labeled with his or her name, and all urine was collected in these bottles for 24 hours for quantitative examination, a few drops from each individual specimen voided having been put into a special test-tube by the child so that fractionated specimens could be examined qualitatively as well. These examinations were a daily guide to the supervisor in determining the child's condition, and Dr. Joslin's rule for camp, "When sugar-free eat a cracker," was observed.*

Insulin was given by the supervisor (nurse or medical student) or by the children themselves as seemed best in each case. The food was weighed by the supervisor from the regular food served to the other children, the individual diabetic menus having been previously arranged and calculated. In this way there was no extra expense necessary for food, and but very few substitutions of any kind were necessary.

REGULATION OF DIET

On their arrival at the camps the children were given their usual diet with insulin slightly reduced in anticipation of intensive exercise. They were weighed frequently, and the diets increased as seemed necessary to maintain the optimal nourishment. All children were provided with lump sugar in case of reactions, and with standard crackers to take before any unusual exercise. Very little difficulty was found with the sugar or crackers being used when not necessary. Regular diabetic records were kept on all of the children. Twenty-four-hour specimens were examined daily, and sugar and acetone determinations were done at 7:00 and 11:00 a.m. and 2:00, 5:00, and 8:00 p.m. Blood-sugar determinations were done where indicated.

All the diabetic care was arranged so as to cause no interference with regular camp activities in which our children took part with the others. Insulin reactions occurred occasionally, but in no case was it necessary to do more than give sugar by mouth.

As has been said, the diets were weighed out of the regular food supplied to the other children, so that there was no extra cost nor any interference with the routine of the camp kitchen. Fruit was given in place of other desserts when necessary.

CAMP ACTIVITY

The camp activities of the diabetic children were under the direction of the regular camp counselors and the diabetic regimen was arranged so that there might be no interference with them. They took part in all games and sports on equal terms with the normal children, and in competition won more than their share of honors. Homesickness was present among them to a somewhat greater extent than in the normal children, probably on account of the greater dependence of the diabetic children on the family. With proper handling this was overcome in a few days, and the children greatly enjoyed the camp life.

The coöperation and understanding of the counselors were gained when the supervisors in charge of the diabetic children gave short talks at the meetings of the counselors on the evening before the camps opened. The counselors were thus instructed regarding the importance of diet, insulin, and exercise in the life of the diabetic child. Special attention was given to insulin reactions, so that no untoward accidents might occur during hikes or at other times when the children were away from camp.

At the end of the camp period it was the unanimous opinion of the personnel that the diabetic groups were a real addition to the life of the camp, and that their presence did not in any way complicate the regular routine. The counselors found them an interesting group, and agreed that neither in appearance nor in actions could they be distinguished from the non-diabetic children.

*Joslin, E. P., M.D. Personal communication.

It is obvious that certain expenses are involved in establishing and maintaining the unit. In the first place, a salary must be paid if the supervisor is a nurse. If medical students are in charge, they volunteer their services in return for the experience gained, but they require a period of intensive training during which time money may have to be provided for their transportation and for their maintenance.

Most of the laboratory equipment can be supplied from the hospital laboratory, but we found it necessary to provide a utility cabinet, a one-burner oil stove, alarm clock, flashlight, and diet scale for each camp in addition to such equipment as the tubes, racks, and syringes that were lent by the hospital laboratory.

These expenses were borne by friends of the project as it was of course impossible to charge the parents of the children more than the regular camp fee which any child would pay, and the matter was handled entirely by ourselves, so that the camp authorities were not involved in financing the unit.

The boys and girls left the camps healthier and happier than when they arrived. They had developed a degree of self-reliance not possible at home, and had learned much about diabetic procedure from their contact with the laboratory. In addition to this, the clinic had a complete daily record of each child for permanent filing.

The children competed with the other children in athletic and non-athletic activities, and acquitted themselves well.

Our experience has shown that it is possible to send diabetic children to a regular summer camp under the care of a trained person with entire safety to the children and with no interference with the routine life of the camp.

TEACHING OPPORTUNITIES IN A CAMP

The public health nurse will be especially interested in the teaching possibilities in a camp project such as is described above. Since the diabetic child must learn to care for himself in order to maintain health, a period of residence at camp affords an ideal opportunity for him to learn the regimen and the procedures which are necessary to keep his body in the condition which is necessary for health. The children in the camps described by the author learned to collect their own urine for quantitative and qualitative examination. The daily urinalysis may be used effectively as a means of teaching the children the reasons for their regimen, by demonstrating how the test is used to determine their bodily adjustment.

Similarly, the children may learn to give their own insulin (as they sometimes did in these camps), to weigh their own food, to help in keeping their own diabetic records from day to day. They can, of course, weigh themselves and learn the adjustments of diet necessary in relation to weight and to exercise. As the author points out, they can be taught to carry and use lump sugar in case of reactions, and standard crackers before unusual exercise. And having learned the reasons for these measures and the importance of keeping the delicate balance necessary to their health, they can be depended upon not to break the rigorous rules which are imperative to their well being.

These experiences—under the close and sympathetic direction of a supervisor who is a competent teacher as well as trained in diabetic care—will do much to prepare the diabetic child for his future. They represent distinct values to be obtained from a period in camp, in addition to the outdoor vacation and the opportunity for social contact with physically normal children, which Dr. Richardson has emphasized.

A Cameo Out of the Past

By

ISABEL WETMORE LOWMAN
Cleveland, Ohio

In these reminiscences, Mrs. Lowman, who was a board member and leader of public health nursing in 1912, draws an unforgettable word-picture of the magazine's early days when it was still *The Visiting Nurse Quarterly* in Cleveland

THE WORDS "Silver Jubilee" bring to my mind precisely the twenty-five years when life is at flood and when the doing of work in which one has faith builds and strengthens and possesses the doer so that he becomes the agent of the good spirit which he has made welcome.

I have been rereading a file of letters connected with the publication in Cleveland between the years of 1909 and 1923 of *The Visiting Nurse Quarterly* (later *The Public Health Nurse**), and am amazed at the power inherent in archives to evoke the past—not uncertainly and gropingly, but vigorously and with the authority of accomplishment. When the past comes strongly to life in our remembrance, certain personalities stand forth with the vividness of great portraiture. In the troubled medium of earthly existence, characteristics are less clearly seen. It is in the resurrection of life against the background of work faithfully done that the mortal does indeed put on immortality. And thus do I see Mrs. Harvey.**

Apart from the editorial board of the *Quarterly* we had in Cleveland an informal committee of four: Mrs. Perry W. Harvey, Miss Annie M. Brainard, Miss M. Josephine Smith and myself.

This committee met every practicable

*The name was changed in 1932 to PUBLIC HEALTH NURSING.

**Mrs. Perry W. Harvey, formerly Mrs. R. L. Ireland, was the first chairman of the Finance Committee of the National Organization for Public Health Nursing.

Tuesday for eight or nine years during spring, a part of summer, and autumn at Mrs. Harvey's delightful summer residence on the Lake Shore Boulevard. Around a small table in the library we discussed for the sake of the magazine the interests which were of such high moment to us at a time when public health nursing was gaining strength and ascendency throughout the length and breadth of our nation, and so gloriously performing its difficult and perplexing tasks.

Mrs. Harvey refused to be called chairman of these Tuesday meetings, but nevertheless we considered her so. No doubt if she were to read this statement she would say with the French: "Defend me from my friends, I can defend myself from my enemies!" Notwithstanding, I feel that she had a power to seize and act upon essential matters that surpassed in quality any I have ever known. That little table in her library represented the hearthstone at which we warmed ourselves and gathered fresh courage for new endeavor.

In the autumn a bright fire burned in the fireplace; in spring and early summer, wide doors and windows opened on to splendid trees set in a lawn which led to the blue waters of Lake Erie. The house was instinct with the kind of hospitality which is the product of all that is finest in tradition and feeling. Before and after luncheon we sat about the little table; pads and well sharpened pencils were at hand, but I believe our hostess did not wield a pencil but rather plied a needle in some bit of handiwork. In remembering this I remember also that for her the needle assembled rather than dispersed her power of concentration. She was always quite wholly there when plans and decisions were in the making, and she steadfastly stood for what she considered to be right.

Who would think that well worn archives could hold in their keeping and restore to us undimmed such happy Tuesdays!

Besides her constantly active connection with the work of the magazine, Mrs. Harvey was chairman of the Finance Committee of the National Organization for Public Health Nursing during its first year and was awarded by unanimous consent an honorary membership in the Organization at its third annual meeting held in San Francisco in June 1915. Her interest in public health nursing in all its manifestations of usefulness never flagged—indeed, it quickened constantly to the end of her own earthly life on May 15th, 1936.

Life is too bewildering, too complex, too filled with the happenings of days and weeks, months and years to do more than choose from the mass some glowing remembrance as a sign and a symbol of work faithfully and gladly done. This symbol I find in those Tuesday meetings which have trooped so gladly and so brightly from a file of records.

Selection and Training of Nurses

By a State Health Department

By LEAH M. BLAISDELL, R.N.
Educational Supervisor, Public Health Nursing, New York State Department of Health

The plans by which one state health department is endeavoring to improve the preparation of public health nurses throughout the state are described here

NEW YORK shares with all other states a keen sense of responsibility for utilizing the present upswing in public health work for permanent gains in quality and quantity of service. Certainly there is no magic formula for accomplishing this end. For each individual worker to have a genuine interest in a common purpose is perhaps the nearest approach to it, and one toward which we are working; but a few specific practices being tried by the New York State Department of Health in the training of nursing personnel may be worth sharing.

These activities may be classed under two main groups: (1) strengthening present workers, (2) bringing the best new blood possible into the ranks of our workers. Approximately half of the Social Security funds for the training of nursing personnel is being used for each of these two types of activities.

STRENGTHENING PRESENT WORKERS

Every public health nursing supervisor and administrator in the State has been asked to be on the watch for staff workers who seem especially promising for development and advancement; and all public health nurses in the State have been given the opportunity to make known their intimate aims and ambitions in a confidential questionnaire sent out by the Division of Public Health Nursing. From these two sources the selection of nurses for postgraduate work, including preparation in supervision, is being made. Nurses in state, county, city, school, and private organizations are represented among the group having this privilege and stipends are usually given for one semester of college work. All of these advanced students are to assist—if not as supervisors at least as senior advisers—in the training of the new workers who are constantly coming into the field.

The usual stipulation that each of these nurses will give at least one year of service to the State in any place requested is waived in the case of nurses from local organizations which are contributing to the training of new workers.

STARTING THE BEGINNERS

Experience shows that the beginning student gains more from her theoretical work if it is preceded by field work. Since it has been almost impossible in recent years to secure a position in which to gain field experience without previous postgraduate work, an attempt to break this vicious circle is being made. The result is a plan of exchange of students with several of the well supervised private organizations in the State. In exchange for each stipend given to one of its selected staff nurses, the organization takes two carefully selected beginners for four months of introduction to field work. Each be-

ginner is given half the salary of the staff nurse who was granted the stipend, an amount ranging from $60 to $80 a month.

The main stipulation is that the organization have a director of the student program who meets the same requirements as the faculty of an approved course in public health nursing. The visiting nurse associations in Rochester, Albany, Yonkers, and Brooklyn are now coöperating in this plan; and those in Buffalo and Syracuse, and the Henry Street Visiting Nurse Service in New York City expect to do so at a later date.

The planning of this introductory experience is a joint project of the directors or educational directors of the organizations, in coöperation with representatives of collegiate public health nursing courses and the educational supervisors of the State Division of Public Health Nursing. The first of a series of meetings of this planning group proved to be highly stimulating and clarifying, and others will follow from time to time. One of the State educational supervisors is also available for field assistance to the coöperating agencies and the resources of the entire State Health Department staff are at their disposal. Twelve beginners have now completed this introductory period.

SELECTION OF BEGINNERS

The method being tried for selection of these beginners is as follows. Any nurse may apply, although definite recruiting from the better schools of nursing is being practiced. A maximum age-limit of thirty years, freedom to work wherever placed (although preferences are respected), completion of high school and of State registration—these constitute the first screening process. Then the following credentials are collected: a personal letter from the applicant telling of her background and interests, letters from previous employers, a psychometric test (revised Alpha and Bernreuter personality inventory are used at present), a thorough physical examination, and a report of a personal interview by at least one member of the State Health Department staff.

These credentials are placed in the hands of a Committee on Selection made up of members of the three State nursing organizations—the New York State Nurses Association, the New York State League of Nursing Education, and the New York State Organization for Public Health Nursing—together with a representative of the State Department of Health and one from the Civil Service Commission.

The introductory period in the visiting nurse association offers an excellent opportunity for both the student and the organization to determine the nurse's fitness for public health nursing, and if it is not promising, further investment for both the nurse and the State can be avoided. However, it is hoped the loss will be small and that the majority of these students will be sent to an approved public health nursing course during the next regular semester for four months' postgraduate work. At the end of that time those who are sufficiently mature will go to a rural field where the guidance for the first four months can be quite close. The others will be advised to take staff positions in urban organizations for an additional year or two. All, however, will be encouraged and expected to continue their theoretical experience at the earliest opportunity. To date, indications are that those who have had a taste of university work are the ones most eager to return.

PART OF WHOLE STATE PLAN

It must be stated that this training program cannot be thought of apart from the total program in the State. Coupled with it is an increase in the number of smaller health districts having well trained personnel, including additional supervising nurses; a plan of monthly regional meetings of super-

visors at which supervisory functions are being clarified and improved; and a state-wide staff education program for all public health nurses in the State. Besides this there is an evolving plan for assisting all nurses to make up deficiencies in high-school work and clinical experience, as well as for putting them in touch with the academic courses which are available to almost any locality in the State and which are highly desirable as prerequisites to post-graduate education in public health nursing.

The description of this program, although it is still in the process of development, is shared with the hope of stimulating others to discuss theirs, thus allowing us all to profit by an exchange of ideas.

How Would You Answer These?

The answers to the list of questions on maternal welfare published in the June issue are given below. We know you will be interested in comparing your own answers with these, which are supplied by the Maternity Center Association, 1 East 57 Street, New York, N. Y.

Additional questions which have been asked by nurses carrying on a maternity service will be published next month. We hope that nursing agencies are finding this column useful as an aid and stimulus to their staff education programs. Readers are invited to send in their questions on any phase of maternity nursing.

1. *Do you know the number of babies born alive in the United States in 1935?* 2,155,105.
2. *How many fetal deaths occurred before or during birth?* 78,503.
3. *The number of infant deaths occurring within the first year of life?* 120,138.
4. *How many women died in the United States of causes due directly to pregnancy and childbirth in 1935?* 12,544.
5. *What would be the approximate increase in the maternal death rate if the causes of all deaths associated with pregnancy and childbirth were included?* About 1/3.
6. *Are most of the babies in the United States born in their own homes? In hospitals?* 769,660 births, or about 35 percent occurred in hospitals in 1935.
7. *Do you know what authorities supply this information?* The Children's Bureau, United States Department of Labor, Washington, D. C., and the American Hospital Association, 18 East Division Street, Chicago, Illinois.

Welcome to England!

By OLIVE BAGALLAY, S.R.N.
Secretary, Florence Nightingale International Foundation, London, England

Extending a warm welcome to her American colleagues who will attend the I.C.N., this English nurse gives an interesting picture of English public health nurses and their work

THE ENGLISH public health nurses are looking forward with enthusiasm to the prospect of greeting their professional colleagues from overseas at the International Congress of Nurses in July.

As one of these English nurses, I should like to tell you, my American fellow workers, how much we admire your work and your ideals. Several of us have been fortunate enough to visit your country and to study your methods. Others have met American public health nurses in England when they have been studying over here, and even more, read of your activities and studied your surveys as they appear in PUBLIC HEALTH NURSING and in the numerous publications of the National Organization for Public Health Nursing and other bodies.

Bicycling—the Queen's nurse mode of transportation

Our methods of work are very similar although there are superficial differences. For instance, the Queen's nurse who appears in this photograph looks a little different because of her uniform; also, her mode of transportation is essentially European! But you must remember that our distances are not so great as yours, and the average district of a Queen's nurse has a radius no greater than five miles. In the country districts she is a generalized worker, and that in England means a midwife as well as a district nurse and health visitor. The population she serves—approximately 3000—is usually scattered, but the roads are almost invariably good and telephone communication is cheap and easy. This type of service is now available to 96 percent of the 40,000,000 people of England and Wales.

THE HEALTH VISITOR

I always expect American nurses to consider the English health visitor an untrained worker. This mistake has arisen because in the pioneer days of child-welfare work in England, women were employed who were not fully trained nurses. Some of these pioneers are still to be found in the service and splendid work they are doing. They were a fine type of worker with the real pioneer spirit—well educated women who prepared themselves for their job, often with a social worker's training, and

occasionally with some specialized children's nursing. The English health visitor since 1925 has almost invariably been a graduate nurse who has had midwifery training and a postgraduate public health course of at least six months' duration. She is a highly qualified worker, who has had at least four and one-half years' training, and is considered competent to teach and to organize her own health center.

In the towns, the public health nursing is divided between the district nurse and the health visitor. The former is responsible for giving bedside nursing to ill persons and maternity cases; the latter does the educational work connected with maternity and child welfare, the school health service, and the prevention of communicable diseases, including tuberculosis. This is not to say that the district nurse does no educational work or the health visitor no bedside nursing. Both workers are nurses; both have had postgraduate midwifery and public health training. The work dovetails together and the division of labor is more satisfactory because the types of service given by the two demand different hours of work.

The English health visitor is superficially somewhat different from your American public health nurse as this photograph shows. She rarely wears a nursing uniform. She considers herself a teacher, who is as much concerned with parent education and domestic management as she is with incipient illness. She looks upon her work as being largely concerned with these social and environmental factors which insure normal development of mind and body. The matters of periodical medical examination, correction of defects, and immunization are only incidental to a wider and more far-reaching program.

A Queen's nurse starting on her round of visits

In 1935 there were 2901 full-time health visitors employed in England and Wales. These, together with 2500 Queen's nurses and 1800 nurses employed in special school nursing work, are the bulk of the public health nurses who look forward to welcoming you this summer.

ADDITION TO ARTICLE ON CRIPPLED CHILDREN

The following supplementary information is added to the article on "The Rôle of the Public Health Nurse in Services for Crippled Children," by Naomi Deutsch, in PUBLIC HEALTH NURSING, June 1937: More than twenty visiting nurse associations are listed with the N.O.P.H.N. as offering special orthopedic services; the associations named in the article were given as examples and not as an inclusive list. An addition to the list of schools for physical therapy technicians that conform to the standards adopted by the American Medical Association in 1936, is the Hospital for Ruptured and Crippled, New York, N. Y., which offers a nine-months' course leading to a diploma. The tuition is $300; the student capacity, twelve; and the prerequisite, "registered nurse or graduate in physical education."

Woman's Part in Industrial Safety

By JULIA A. WEDER, R.N.
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Who is responsible for the safety and health of workers in industry? The author discusses the part that women play in achieving a high standard of health in industry

WOMAN HOLDS a strategic and very important place in industrial safety. This is true not only of the woman employed in industry but of the wife or mother of every employed person. She has a very real responsibility; yet, too often, she is unaware of it. The message of safety and the causes of accidents have not been forcibly enough brought home to her.

Employers were in a similar position some years ago. Accidents happened in great numbers in every kind of industry. They were considered bad luck, acts of God, and necessary evils. The entire cost of medical and nursing care, hospitalization, and loss of wages was borne by the injured person. The industry had no legal responsibility.

In 1911 the individual states began to pass what we know as workmen's compensation acts. These laws placed a definite responsibility upon the employer. It charged him with paying certain stipulated medical fees, and in addition he was required to pay the injured person a fixed amount of compensation.

The employer soon realized that accidents were very expensive. In an effort to minimize this expense to the industry he hired a physician to spend certain hours at the plant daily, in order to dress the injuries. A nurse was next added, as the employer saw the advisability of having someone in the plant to give immediate first-aid attention to even the small wounds.

The keeping of records followed. The departments in which accidents occurred, the machines and operations involved, and the apparent causes of the accident were recorded.

The law then required that guards be placed on all dangerous machinery. This eliminated some of the deaths and injuries; nevertheless, the number of industrial accidents remained appalling. Farseeing industrial leaders made some intensive studies of the causes of accidents. It was found that 98 percent of all accidents were preventable and only 2 percent were unpreventable; that most of them were caused by ignorance, carelessness, poor judgment, lack of concentration, unsafe practices, mental or physical unfitness.*

RESPONSIBILITY OF THE WORKMAN

Practically all of these causes have to do with the make-up of the individual. No matter how adequate the guards, how perfect the working conditions, how good the sanitation, they cannot overcome the danger to the industry of a person who is physically unfit or of one who habitually has a "take a chance" attitude.

Up to this time an injured person was often more or less proud and even defiant. His attitude was one of "Look, what the company did to me." He as-

*Heinrich, H. W. "The Origin of Accidents." Reprint from The Travelers Standard, Travelers Insurance Company, Hartford, Connecticut, 1928.

sumed very little if any responsibility for the injury. With the new knowledge of the real causes of accidents the individual became the point of attack. Industry began a system of education of its workers. It proceeded to make them safety-minded. Foremen, keymen, doctors, and nurses were called into conferences which became safety committees. They formulated safe methods of doing work and plans for instructing their fellow-workers in safety.

Before long the attitude of the worker changed. He began to realize that an accident was a reflection upon himself, upon his judgment or his method of working. This changed point of view brought about a sharp reduction of accidents. In spite of the progress made, there still remained the injuries which were traceable to mental and physical unfitness. This group of causes, be they direct or indirect causes, are largely woman's responsibility.

The employer has made every possible effort to reduce the number of injuries. He has reduced the mechanical and work hazards; he has sponsored a system of safety education. The more progressive industries have gone even farther. Realizing that modern efficiency methods demand a perfectly healthy worker they have made a definite effort to overcome the mental and physical handicaps of their employees. To this end, medical departments with complete follow-up systems have been organized.

Perhaps the one person who exercises the greatest influence with the worker and his family is the nurse. It is to her that the worker tells his health, social, and work problems, and from her he expects sympathy, understanding, and help. Therefore, the nurse shares with the wife and mother the responsibility for the accidents caused by mental and physical unfitness.

How is the nurse meeting this responsibility? She is usually stationed in the health office. Here she sees the injured. To them she teaches the importance of giving immediate attention to even the smallest of wounds and scratches, how to do it and why. By giving this prompt treatment and following up these cases she undoubtedly prevents many infections. An unusual number of cases coming from one department is called to the attention of the safety committee. The reason for this is studied and the cause eliminated if possible.

THE NURSE A TEACHER

Workers usually come to the nurse to see about apparently minor illnesses such as headache, indigestion, constipation, and colds. Each one of these patients is in a receptive state of mind. Not only do they receive treatment (standing orders for which have been secured from the plant physician) to alleviate the particular symptoms of which they complain but the nurse makes inquiries regarding their habits of living which might cause these conditions. Too often the patient is entirely responsible. The history is frequently something like this: an evening of pleasure, excessive cigarette smoking, perhaps a drink, sometimes two, four, or five hours of sleep, a hurried morning toilet, breakfast gulped down, and a rush to get to work—followed by a headache or indigestion or both.

Another common picture is the one of fried potatoes and scrapple for breakfast, egg or meat sandwiches for lunch, and corn, potatoes, meat gravy, and pie for supper. That person will get the temporary treatment for which he asked but he will also get a lesson on the importance of balanced diet and the undesirable effects of habitual laxatives and purgatives. Do you see why the industrial nurse must be a health teacher? Teaching permeates everything she does if she sees her opportunities.

Not only does the nurse assist the physician in making the physical examinations but she assists the patient to

have the defects corrected and to carry out the suggestions made by the doctor. Helping the patient to make a plan which is practical and which he can follow may tax the ingenuity of the nurse. Frequently this brings to light the hidden problems of the family.

Many industrial nurses make periodic visits to the families of the employees. Others visit only when their services are requested or when a worker is sick. In this way they learn of and can aid in solving many difficulties. Some do not make any home visits, especially when the employees' homes are widely scattered and the distances are prohibitive. In this case the nurse may refer the family to the local public health nursing agency for follow-up visits to help the family with their problems. These problems may be social, involving a sick or handicapped member of the family; financial, which so often can be remedied by working out a budget; or work problems, which can usually be eliminated by getting the coöperation of the employer.

We know that a person whose thoughts are upon his troubles at home is unable to concentrate upon the work he is doing. He is a definite menace to himself and his fellow-workers. No matter how much service the nurse and the social agencies of the community are willing to give, or how coöperative the employer is, if the wife or mother does not do her part, mental and physical unfitness cannot be eliminated.

What can the woman in the home do to meet this responsibility? First, by her favorable attitude she can promote the cause of safety. She must believe in it; acquire a safety-mindedness herself. She can profit by the experiences of the employer and follow his example in providing a healthful environment. First, she can make the home a safe place in which to live. Then she can improve the conditions under which she works, and see that there is adequate ventilation, that there is good and sufficient light, that a proper temperature and an adequate amount of moisture in the air are maintained. After she has perfected her home working conditions insofar as her facilities permit, she can eliminate all hazardous practices and formulate safe methods of doing her work. Last, but by no means of least importance, is the matter of education of the individuals in the home in regard to their habits of living.

In the past few years we have acquired a health consciousness. Our periodicals have persistently taught us health subjects. Pages are regularly devoted to foods and their values, to health habits, and the scientific upbringing of children. Our responsibility toward the mental and physical welfare of ourselves and our families has constantly been held before us. In reality we have accumulated an enormous amount of health information and knowledge. We must put this to practical use.

We must show by our actions and our attitudes that we believe in positive health. We must encourage our wage-earners to have physical examinations. Too often workers resent preëmployment and follow-up examinations. We should support this practice! We should urge the correction of all defects; help in every possible way to carry out any suggestions made to remedy faulty health habits; and constantly foster a sense of pride in perfect physical condition and a desire to maintain it.

Woman holds a crucial position in the safety movement and her influence cannot be overestimated. She must accept this tremendous responsibility and make of it an opportunity to do a really constructive piece of work in the field of accident prevention.

New Mexico—"La Tierra De Manana"

By RUTH BLACKBURN HUDDLESTON, R.N.*

This colorful story describes how modern health practices are introduced to a Spanish-American community whose health concepts are still primitive

IF YOU have not studied Spanish, perhaps I should explain the title, "La Tierra de Manana"—"The Land of Tomorrow," or "Do not rush; tomorrow things may be done as well as today." One of the best lessons which New Mexico teaches is that of patience.

In order to reach Santa Rosa, the county seat of Guadalupe County, where the Guadalupe County Health Department office is located, you leave the paved highway and travel sixty miles over what seems the roughest road you have ever been over. But it is good when compared to those roads which are encountered later. The health department office is in the courthouse, which is on one side of the main street.

Santa Rosa itself has a population of 1100 souls and is the most "alive" little town you have ever visited. However, when you go away from Santa Rosa into some of the smaller communities you can imagine you were born one hundred years ago and that you are living in Old Mexico. The names of the villages have such musical or romantic sounds, such as San Ignacio, Pintada, Sombrillo, Potrillo, Puerto de Luna, Las Colonias, El Valle, and Los Ojitos.

It is said that at least 80 percent of the population in Guadalupe County are Spanish-American. It is obviously a great advantage to speak Spanish! Of course sign language is resorted to oftentimes.

If you like color, you will think the scenery in Guadalupe County is very beautiful. Can you imagine short green cedar trees, bear grass, and cactus against the clay color of the dried grass, and in some places mountain sides with layers of rocks ranging in color from gray to yellow and rust, with the blue sky above? You may drive thirty miles before you come upon a house, even along the two highways which traverse the county. The roads are so bad that they cause much damage to both the tires and bodies of cars.

The public health nursing in Guadalupe County is carried on by two nurses, one of whom has been provided for through Social Security funds. As far as is practicable, the county has been divided so that the work will not overlap. The nurses carry a generalized type of program, trying to concentrate on antepartum, infant, and preschool work—especially during the summer when school is not in session—in an effort to bring down the infant mortality rate.

SUPERVISION OF MIDWIVES

Upon going to a village the nurse first finds an interpreter. This saves time if her Spanish isn't very good. The interpreter guides her to the homes of the midwives and local registrars for birth and death registrations. It is necessary to have midwives because there are only three doctors in the county who will answer calls out of town. Therefore the best thing to do is to teach the mid-

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wives. If the nurse can be sure that the silver nitrate which she supplies is used by the midwives and that they keep their hands clean, it is worth something. Some of them are so old and feeble they can barely see to cut a cord. In fact they are just kind women who go to help other women when they need it. There is no hospital in the county. The nurse instructs the midwives as to simple procedures to be carried out when delivering a patient, and encourages them to report their antepartum cases to her. She also asks them to notify her promptly of postpartum patients so that she can demonstrate postpartum care to some member of the family.

TEACHING IN THE HOMES

After the midwives have been visited, the nurse asks to be taken to the homes of any known antepartum patients so that she can talk to them about their general health, and preparations and plans for delivery. In some places she holds classes for expectant mothers and mothers of children under one year of age.

Then she asks to be taken to the homes where there are infant and preschool children. Here she discusses the preparation of formulæ; the importance of boiling water; proper foods; what should be done until medical advice can be obtained, when diarrhea develops; and the importance of screens and sanitary toilet facilities. She leaves literature printed in Spanish and English. Most of the deaths of infants and preschool children are due to diarrhea.

When school is resumed in the fall, the visits to antepartum, infant and preschool cases can be made as the nurse visits the school in the district. The people are most hospitable in their homes and you are always asked to share the meal if it is at meal-time. If you do not like tortillas made of flour, water, and lard, and frijoles hot with chile, and coffee that has been boiled all day, then choose another time to call.

The houses are built of brown adobe bricks made of straw and mud. The walls are eight or ten inches thick, which makes the houses cool in summer, and would make them warm in winter if it were not for the flimsy doors. To build a house, a level spot is chosen in the rocky soil and the walls are erected. Then the thatched roof is made of logs, leaves, and dried grasses. Each house has a tiny fireplace, which is not very effective for heating purposes. In the kitchen will be found a stove and a chair or two, a table, a bench, and a cupboard. Great pride is taken in the one bed which has a snow-white cover. Other beds are made in pallet form on the floor at night. The walls are calcimined with "Jaspe," which is made of native stone and water. They look very pretty, too. The floors are either swept very clean and left bare or are covered with burlap from gunny sacks. One home was found with a ceiling papered with newspapers. And each house has its crucifixes and candles.

A few of the men have attempted to make fences of wire and hand-hewn poles, or perhaps of poles set close together with no wire used; but they are usually in disrepair. In some communities three or four houses are to be found built around a clean swept patio with a stone-covered cistern in the center. In the fall the crops are stored here—a small stack of corn, a few melons which will be cut in pieces and dried, and the supply of beans. These are harvested by being kicked out of their pods by riding a horse back and forth over a pile of bean-vines. Men shout at the horses to make them run, and the dust flies until you can scarcely see the horse or the rider.

It is a most colorful sight to see the long strings of bright red chile-peppers hanging from pegs under the eaves.

The streets are crooked and deep with dust and rocks. Little children play and

shout at their games. Dogs, horses, burros, cows, and chickens can be seen wandering around. Every tiny village, no matter how small, has a mission surrounded by a burial ground. The graves are marked by crosses painted white.

The villages that have the largest "department stores" are a special delight. These sell everything from horse collars to wedding dresses, and from food to coffins. The stores are owned by very friendly people who do not mind how much one looks around.

"DERECHO"

That homes are reached through the school children is very true in Guadalupe County; in fact, one could not find the homes unless one did go to the school because there are no highway signs or street markings. If you happen to be trying to find a school and feel that you have driven too far and missed it, you may meet a man driving a team of horses hitched to a wagon without springs—just boards over the wagon-wheel axles. Very likely there will be a woman sitting on the floor of the wagon, wrapped in a black shawl made of woolen material. Three or four children, the man, and perhaps a dog run along the side. Oh, yes, there is always a baby in the mother's arms! When asked the way, the man will almost always say, "Derecho," which means straight ahead. But one can not drive straight ahead because the roads always wind around; and soon it forks three or four ways. If you are lucky you choose the right one!

When you arrive at the school, you are cordially invited in. At first you may ask the teacher to go on with her work, thinking that after being introduced to the children you will occupy one corner of the room and not bother the class. It does not work. They so seldom have visitors that the nurse's visit is a social event and the children do not choose to miss it—nor does the teacher!

The aim of the school visits is primarily educational. Inspections are made of the pupils; defects are recorded; and plans are made to have as many of the defects corrected as possible. The condition of the schoolhouses and playgrounds is discussed with the teacher and later with the county superintendent of schools. The nurse talks to the pupils and leaves with the teacher a list of literature for which she may send. New Mexico requires by law the vaccination of all children for smallpox, and immunization for diphtheria is done at the request of the parent. The nurse instructs the teacher in the detection of skin diseases, and the teacher is asked to report to the nurse if any are found. Some classes in home hygiene and care of the sick are taught to high school pupils.

An adobe house and its children

The nurses never feel that they are spending too much time in the schools, because if the school is in one of the tiny villages, as soon as the people see the nurse's car they start to come to the schoolhouse bringing babies and asking advice. Care is used in giving advice

and they are referred to a doctor. However, thirty or forty miles is a long way to travel in a wagon to see a doctor. One of the chief difficulties is to obtain medical care for the people.

Almost every school has a cupola on the front of the building in which is hung a bell. Once I was permitted to ring one of these bells. It happened in this way: Soon after my arrival in the county we found two cases of typhoid fever. Toilets were in a deplorable condition; horses were stabled almost at the back door of homes; and the people in the community were drinking water dipped from the irrigation ditch or from uncovered wells. The district health officer decided to give typhoid fever vaccinations. The "padre" was consulted and he announced in mass when the clinic was to be held and the reason for it. Since the people do not have clocks, I rang the bell when we arrived at the schoolhouse on the appointed day. Soon the families began to come walking up the hill carrying tiny babies and leading older children by the hand. Eighty people answered the call of the bell.

CHILD HEALTH DAY

In the spring the nurses are very busy holding meetings with the members of the nursing committees, the school teachers, the "padres," and other interested persons in order to plan a child health day. They try to make the fathers and mothers health conscious so that they will be in a receptive frame of mind for the summer program. Also they want everyone to have a good time. Last spring a parade was held. The children had never heard of such a thing, and were very excited. One school district furnished an accordion player, a violinist, and a guitar player. Three other centers supplied school bands. Pupils from each school in the district carried posters on health subjects, which had been made by the pupils. And the committees added other attractions to help make the parade a success. After the parade, athletic contests were held. While they were going on, the district health officer, nurse, and assistants conducted a baby conference and gave immunization to all those children whose parents wished to have them given. Following this there was a picnic, each family bringing its own food. The day ended with a talk by two of the "padres" in which they outlined the health program to be carried on by the nurses during the summer. So ended a very successful day.

One of the chief difficulties is to obtain medical care for the people. There is no county doctor and often relatives call to ask the nurse to come and see some member of their family who is acutely ill. If the nurse feels she can help them, she makes a visit. She recommends that they get a doctor, and tries to help them plan to do so. Then she demonstrates care or treatment outlined by the attending physician.

When a doctor reports a communicable disease, the nurse placards the home and demonstrates the technique of communicable-disease nursing care, if desired. Instructions are given on how to isolate the patient and the precautions to be taken to prevent the spread of the disease. If the department is notified of a case of typhoid fever, the district health officer decides as to the advisability of holding an immunization clinic. If tuberculosis cases are reported, the nurse gives instruction as in any other communicable disease and makes follow-up visits at intervals. Thus the generalized program attempts to take care of all branches of the work.

Institutes: What Do We Expect from Them?

By ANN W. DINEGAN, R.N.
Consultant in Public Health Nursing Education, Massachusetts Department of Public Health

The word "institute" has been applied to all sorts of educational get-togethers, ranging from a half-day lecture meeting to a month of concentrated study and discussion. Feeling that the important consideration in any educational meeting—call it what we may—is what the nurse gets out of it, the State Department of Public Health in Massachusetts has prepared this outline on the value of institutes. The outline has been distributed to nurses and their employing agencies throughout the State. Here is a suggestion to help us all analyze our own institute follow-up activities.

What is an institute for public health nurses?

It is a form of education which is employed as a means of bringing nurses up to date from time to time on special subjects in their particular profession or allied professions. The program is usually planned for a definite period of time, such as a one- or two-day period or even longer.

Why is it of sufficient value to the nurse and her community, for the employing agency to expect her to attend?

1. It refreshes her memory on material she has had presented to her previously and brings to her more recent developments and methods employed, thus stimulating her to endeavor to improve her nursing service to the community.

2. The opportunity of joining in a group discussion with people having similar interests, led by a qualified leader, acts as another form of effective stimulation to improve service already being given.

What can be expected as possible outcomes following institute attendance?

1. The nurse should be stimulated to improve the nursing service to the community through a change of thinking and action.

2. She should be prepared to present to her board [as well as the other members of her staff] a brief resumé of the content of the institute in order that they may be informed on the more recent trends in that particular branch of the nursing program. This group would then be able to coöperate in any plans for improvement which might be considered in light of the newer knowledge.

Are all the advantages to be gained from attending an institute completed when the institute program has been given?

No. The actual educative process is merely inaugurated at this time. Various types of general problems common to all in the group are brought up for discussion in the institute with the idea that this discussion will stimulate the individual nurse to a desire to go back to her own community and make a more detailed study of the local problems.

How may the employing agency further assist the nurse to apply in her own community what she has learned?

By arranging time for her to attend the local follow-up meetings under the leadership of the state consultant public health nurse. These meetings provide an opportunity for free discussion in a group small enough to consider individual difficulties. Informal exchange of experience, like and unlike, helps the nurses to approach their local problems with broader vision of the possibilities for a better balanced program.

To What Purpose?

JUNE 7, 1937—a hot summer day—just such a day as it was in Chicago twenty-five years ago when the National Organization for Public Health Nursing was born! In the office of the N.O.P.H.N. the Silver Jubilee birthday was marked by gifts of a huge box of chocolates and a lovely plant. Over the air Alta Dines, Director of Nursing of the A.I.C.P. in New York City, honored the occasion with a broadcast on "Public Health Nursing Today."

All over the country public health nursing groups—both nurses and their lay friends—have seized this opportunity to interpret public health nursing to their own communities. An exhibit and tea in Indianapolis (Ind.); a pageant in Poughkeepsie (N. Y.)—for which Vassar students did the research; banquets in Des Moines (Iowa), Madison (Wis.), and Savannah (Ga.); luncheon meetings in Boston (Mass.) and Greenwich (Conn.). In Portland (Oreg.), Newark (N. J.), and Grand Rapids (Mich.), teas have been the vehicle for bringing together people who are genuinely interested in public health nursing. In Greensburg (Pa.), a dinner meeting with exhibits was held simultaneously with the meeting of the Westmoreland County Medical Society, and the doctors were invited to the public health nursing dinner. El Paso (Tex.) perhaps had the most pretentious celebration which has been reported to date. This consisted of a two-day program with films, talks, and exhibits.

All of this represents a great deal of work but it has been well worth the effort involved, and we know there will be definite lasting values.

We frequently hear it said that public health nurses have no "publicity sense." This certainly has not been true in the Jubilee celebration! Every occasion has been eagerly sought, to call attention to public health nursing, its problems, its needs, and what it offers to the community.

Boston celebrates the Silver Jubilee with a luncheon at the Copley Plaza Hotel. Sophie C. Nelson, Director of the Visiting Nurse Service of the John Hancock Mutual Life Insurance Company, and a Director and past President of the N.O.P.H.N.; Charles Francis Adams, member of the national committee sponsoring the Silver Jubilee; Mrs. Chester C. Bolton of Cleveland, Ohio, a member of the national advisory committee, who was the principal speaker; and Mrs. Frederick S. Dellenbaugh, Jr., of Chestnut Hill, President of the Massachusetts Organization for Public Health Nursing which held the luncheon

Nor have the presentations been limited to the local aspects of public health nursing. Health and sickness recognize no boundaries and these celebrations have offered the opportunity to show communities how local public health nursing services are affected by the standards for the country as a whole.

Perhaps the greatest benefit for all is that which comes from groups of people working together in a common cause. In El Paso it was the City-County Health Unit, the local chapter of the American Red Cross, and the El Paso Tuberculosis Society which sponsored the program. In New York State, District No. 12 of the State Nurses' Association in Dutchess and Putnam counties joined with the Dutchess County Health Association in planning an institute on "Nursing, as It Concerns the Public," including a historical pageant.

These experiences are bound to have lasting value. Public interest has been stimulated. The united efforts of public health nursing groups—nurses and laymen working shoulder to shoulder to interpret public health nursing to the public—must result in better mutual understanding. Lastly the recognition that public health nursing knows no boundaries, but is national—and international—in scope, that it belongs wherever human problems exist, must give new impetus and incentive to further development of the highest type of public health nursing.

At the tea in Grand Rapids, Mrs. E. Brainerd Smith, Mrs. M. A. Heyman, Mrs. George Thomson, Mrs. Robert Hill, Mrs. C. L. Frost—the hostess—Mrs. Ernest Edge, President of the Community Health Service, Mary Butterfield, and Mrs. A. LeGrand Albee

"Blue and Silver Everywhere"—the description of Ohio's Jubilee celebration—referred to Mrs. Elizabeth P. August as President of the O.S.N.A. This was an erroneous statement since Mrs. August is the Association's General Secretary while its President is Catherine Buckley, Dean of the School of Nursing and Health, Cincinnati General Hospital, Cincinnati, Ohio.

Safe and Sane

BANG go the firecrackers, the Roman candles, and the rockets that fly skyward in exuberant celebration of the Fourth of July.

Every year this celebration of the signing of our Declaration of Independence is a joyous occasion that seems inevitably to be followed by the most appalling list of accidents, injuries, and deaths. A report of the Fireworks Accident Prevention Committee of the American Museum of Safety, published by the National Society for the Prevention of Blindness, 50 West 50 Street, New York, N. Y., lists 7738 persons injured and 30 persons killed in 1935 through Fourth of July celebrations with fireworks, bonfires, and matches.

HAZARDS TO BE AVOIDED*

Severe and fatal burns can often be prevented if mothers will take the precaution of not allowing children to wear fluffy, light clothes or costumes which will easily catch fire. Burns about the face are disfiguring and extensive burns involving much of the body surface may be very serious.

Tetanus or "lockjaw" is a danger to be feared as a result of Fourth of July celebrations. Injuries received from fireworks may result in tetanus because exploding powder forces bits of foreign material such as paper, clothing, dirt, and germs into the deeper tissues. "Lockjaw" is caused by a germ called the tetanus bacillus. The condition is the result of paralysis of certain muscles, noticeably those of the jaw, because of the presence in the blood of a circulating poison given off by the tetanus germs—a poison which attacks the central nervous system.

Tetanus germs frequently inhabit the intestinal tract of the horse and thus are widely distributed in nature and are abundant in fertilized soil and street dust. In handling fireworks one is apt to come in contact with the ground and thus may have tetanus germs on the hands. The germs gain entrance to the body through the broken skin; and wounds made by firecrackers, toy pistols, and blank cartridges offer the germs excellent opportunities to enter the body and grow because they grow best in ragged, dirty wounds away from contact with oxygen.

It is much easier to prevent tetanus than it is to cure it after it has developed. No wound caused by an explosive is too trivial to receive careful medical attention. A physician should be consulted for all Fourth of July injuries—and indeed for all punctures, badly macerated wounds, or wounds in which dirt may be carried beneath the skin—so that proper measures for preventing tetanus can be taken. The physician will take painstaking precautions to remove all foreign particles from any wound, and it is safer to depend on him than on home care which may not be entirely clean and may fail to remove some of the spores, dirt, and other foreign material from the injury. Tetanus antitoxin is given as a preventive measure in all cases where there is a hazard of infection by the tetanus bacillus. This prophylactic treatment, if given promptly, will prevent the disease.

The public health nurse who goes into the schools and into the homes where there are children, plays a vital part in the safety program today since preventive education is a prime factor in reducing our deplorable accident statistics.

*Condensed from *Weekly Health Bulletin*, Connecticut State Department of Health, June 22, 1936.

Maternal and Child Welfare Services Under the Social Security Act*

That the extension of services for the welfare of mothers and children is going forward under the Social Security Act is clearly shown by this interesting report of recent committee meetings

THE General Advisory Committee on Maternal and Child Welfare Services under the Social Security Act met in Washington April 7 and 8, 1937, to consider progress reports and problems concerning content of programs and policies with respect to the administration of Title V, Part 2 of the Act. Following an opening session at which Katherine Lenroot, Chief of the Children's Bureau, gave a short general report of progress, this committee met with the special committees on maternal and child health, services for crippled children, child welfare services, and participation by the public. Progress reports were presented. Following discussion, recommendations were made by each committee to the General Advisory Committee. The reports and recommendations of the special committees can be summarized as follows:

MATERNAL AND CHILD HEALTH SERVICES

The recommendations of the Subcommittee on Maternal Welfare, which were unanimously adopted by the Committee on Maternal and Child Health, cover two special aspects of the program: (1) increased and improved maternity care and care of the newborn, (2) a program of training in these fields for physicians and nurses. The recommendations are as follows:

1. Extension of the maternal and child health work begun in 1935 through federal coöperation with the states under the Social Security Act appears to be urgently needed. This requires appropriation of public funds for maternal care—medical and nursing—for all women in need of such care, considering need as including not alone economic but also medical needs and lack or inadequacy of existing facilities.

This extension should include not only provision of increased resources for actual maternal care, including care given locally by general practitioners and nurses, but also expert obstetric and pediatric consultation service in areas where such is not available and hospitalization of emergency and other selected cases. The establishment of such a program would involve adequate provision for three types of service:

(a) Care in the home at delivery and during the antenatal and postnatal periods by a qualified physician aided by a public health nurse trained and experienced in maternal care.

(b) Delivery care in approved or acceptable hospitals, provided with adequate obstetric and neonatal services and facilities equal to all emergencies or complicated cases, for any woman who because of social, medical, or economic reasons, or because of inaccessibility of skilled care, should be cared for in a hospital.

(c) Consultation service by obstetricians and pediatricians to aid general practitioners in their care of mothers and infants.

In the development of such an extended program the right of the patient to select her own physician should be preserved.

2. It is the opinion of this committee that a center or centers of postgraduate education should be established to teach urban and rural practitioners of medicine and nurses the fundamental principles of complete maternal and infant care.

Having accepted the principle of providing short intramural courses in obstetrics

*A report prepared by the Children's Bureau of the U. S. Department of Labor, Washington, D. C.

and care of the newborn infant for general practitioners, the committee recommends:

(a) That such training positions carry maintenance and necessary travel expenses.

(b) That intramural postgraduate instruction be a special assignment of members of the teaching staffs of medical schools.

3. The committee recognizes the necessity and desirability of coöperation with the national, state, and local medical societies in the working out of any plan.

As reasons for the importance of these resolutions on the extension of maternity care and care of the newborn, the report of the Advisory Committee on Maternal and Child Health Services states:

The progress that has been made in the field of maternal and child health can be traced by the mortality rates. The maternal mortality rate has shown but little appreciable decline in this country. Whereas infant mortality has been reduced almost one-half during the first year of life, this reduction has occurred almost entirely after the first month. The mortality rates remain practically the same for the first week and for the first month of life.

Only by available and adequate care for the mother during the pregnancy cycle, especially at time of delivery, can the death rate for mother and child be lowered. It is, therefore, essential that to bring any further reduction in maternal as well as infant death rates, further development of the program is necessary.

In addition, the Committee on Maternal and Child Health Services adopted the following resolutions for submission to the General Advisory Committee on Maternal and Child Welfare Services:

1. That a special committee be appointed to consider problems in the field of health education.

2. That it would be desirable to have a few complete demonstrations developing and applying available knowledge in the field of nutrition and to use these centers not only as demonstrations but also as areas where training in nutrition might be available to those interested. This should be a coördinated effort of educational, health, welfare, and agricultural agencies.

3. That the Children's Bureau appoint an advisory committee on research problems in administration of maternal and child health programs.

SERVICES FOR CRIPPLED CHILDREN

The meeting of the Committee on Services for Crippled Children on April 7, 1937, was the third one since the passage of the Social Security Act. The committee was broken up into two groups to consider: (1) problems of medical and hospital care, (2) state administrative procedures. The report of the committee as a whole may be summarized as follows:

The committee noted with satisfaction that every state and territory except one has designated an official agency.

The committee reaffirmed and amplified its previous recommendations concerning desirable qualifications of surgeons and other trained personnel to be employed by official agencies. The statement of qualifications and functions of physical therapy technicians prepared for the use of state agencies and approved by the Council on Hospitals of the American Medical Association and the American Physiotherapy Association was accepted as adequate. Reports of progress were given concerning the training of public health nurses and medical social workers to be employed in state programs. The committee reaffirmed its previously stated position regarding the desirability of a definite plan for the continuous education of the state staff as well as improving the qualifications of incompletely trained personnel already employed.

The preliminary studies by the staff of the Children's Bureau concerning fee schedules, hospital rates, and other charges, were examined by the committee and approved with suggestions as to future studies.

The registration of hospitals by the American Medical Association was recommended as an additional safeguard to desirable standards formerly proposed by this committee.

The committee urged that the Children's Bureau assist state agencies in reviewing the type of care given to individual children in hospitals and reaffirmed its recommendation of the desirability of a flat per diem ward rate exclusive of professional fees and charges for appliances.

The extension of convalescent facilities and after-care services in reducing the dura-

tion of hospital care was recommended and reports were received with respect to standards for convalescent and foster home care.

The committee reemphasized the need for the establishment and continuous maintenance of an adequate state register of crippled children.

The plan for the classification of crippling conditions to be used by the states was discussed and suggestions made with respect to forms for reporting. The plan proposed is based on The National Conference on Nomenclature of Diseases.

The importance of working agreements with other public and private agencies engaged in providing related services to crippled children in the attainment of satisfactory adjustments leading to social and economic self maintenance was recognized.

The use of state advisory committees as interpretative groups serving the state agency and the community was urged. The use of small subcommittees serving as advisory groups on technical problems was also recommended.

The committee made additional suggestions for future studies to be conducted by the Children's Bureau which it was hoped would lead to improvement of services.

In closing, the committee expressed its confidence in the methods of administration used and the policies which have been developed by the Children's Bureau in its services for crippled children.

COMMUNITY CHILD WELFARE SERVICES

The Committee on Community Child Welfare Services met with the staff of the Child Welfare Division of the Children's Bureau on April 7.

Representatives of professional and lay groups have assisted in the development of the initial stages of the child-welfare service program. There is continuing need for such participation. One method is through the use of state and local committees.

Opinion among the members of the advisory committee in regard to the development of such committees was as follows:

1. An informed interest on the part of citizens is essential to insure the development and maintenance of the public program.

2. The methods by which administrators can best reach the public will vary from state to state and from community to community, and may be through formally organized committees or through more informal channels.

3. State committees may be of two kinds:
   a. An informal group of technical advisors on whom the administrator calls for advice concerning the professional aspects of the program. This group may be small or large, and is not limited as to term of service.
   b. A state citizens' committee for the purpose of interpretation and support. Such a committee may not be formally appointed by the department concerned, although its development may be indirectly stimulated by the department.

4. In local areas it is the primary responsibility of the child-welfare worker to develop community organization and interest along with technical child-welfare services to individual clients. Local groups should be interested in the program on the basis of specific services which they may perform in connection with it. As an outgrowth of interest in such service certain citizens may be chosen to serve as members of a more formal committee, if that seems desirable.

PARTICIPATION OF THE PUBLIC

A subcommittee from the General Advisory Committee on Maternal and Child Welfare Services representing citizens' organizations, discussed the maternal and child welfare programs under the Social Security Act. In its report to the General Advisory Committee, the subcommittee recognized that the program for maternal and child welfare services is dependent upon increasing understanding on the part of the public so that adequate support may be given, quality of service maintained, and activities extended to reach new groups and new areas. The committee asked the Children's Bureau to make available suggestions as to the composition, use and functions of advisory committees. It was the sense of the committee that in the appointment of working advisory committees in the states, organizations be selected for representation because of their special activity in the particular field, and that all organizations concerned with the various programs be

called in conference from time to time by the state agencies concerned. The committee suggested that the various state organizations request the state agencies to issue at stated intervals brief summaries of activities for their use in informing their members of the progress that is being made in the maternal and child welfare programs.

CONFERENCE OF STATE AND TERRITORIAL HEALTH OFFICERS

The Conference of State and Territorial Health Officers, meeting with the Children's Bureau on April 9, 1937, unanimously adopted the following report of a joint meeting of the Committee on Maternal and Child Health of the State and Territorial Health Officers and the Child Hygiene Committee of the State and Provincial Health Authorities of North America.

The Conference, at its last annual meeting, adopted the Committee's recommendations relating to a revised plan for development of maternal and child health programs, local programs, health services, state-wide program, and federal participation with states.

At a joint meeting on April 4, 1937, the committees considered necessary steps in our programs of maternal and child health activities and the following recommendations were unanimously adopted:

1. That the Children's Bureau prepare and send a questionnaire relating to present facilities and resources for maternal and child health to the states and territories.

2. That the medical schools of the country be encouraged to provide more adequate instruction in maternal and child care through their obstetrical and pediatric departments in order that their graduates may be better prepared to practice preventive as well as curative medicine and render service of such a character that the maternal death rate would be lowered and that further reduction would be made in the infant death rate, and that the assistance and coöperation of the Council on Medical Education of the American Medical Association be enlisted in the furtherance and promotion of this program of better instruction in these schools.

3. That it is necessary to extend the maternal and child health work now being conducted in the states and territories. For the purposes of developing sound procedures in this field, the joint committee recommends that: (1) resources be made available so that qualified local practitioners of medicine and qualified nurses be made available for all aspects of maternal care to those women who are unable to secure this service otherwise, (2) necessary consultation service and emergency hospitalization for these women should also be provided.

Medical leadership is both desirable and necessary and the right of the patient to choose her own physician should be recognized.

4. That the facilities for postgraduate education for physicians and nurses be extended and that in coöperation with the state medical societies an analysis be made of the causes of maternal deaths in order to demonstrate the need for better obstetric practice.

THE AMERICAN JOURNAL OF NURSING FOR JULY

Nurse-of-the-Month

LESSIE STEWART

Louisiana

I was born in Lyman, Mississippi, and after finishing high school, attended State Teachers' College at Hattiesburg, Mississippi. I returned to Lyman to teach in the elementary school there for several years before entering the Touro Infirmary School of Nursing, New Orleans, Louisiana.

After graduating from the school in 1932, I did private duty nursing for four years and then began my public health nursing career. In April 1936, I was employed by the Bureau of Parish Health Administration of the Louisiana State Department of Health and was sent to Caddo Parish. Since then I have carried on a generalized public health nursing program in the Caddo-Shreveport Health Unit, with the exception of the time spent in taking courses in public health nursing at Peabody College, Nashville, Tennessee.

Miss Stewart has selected and described in vivid word-pictures several incidents from her work, which illustrate some of the activities in her program.

• • •

Lessie Stewart

This morning I awoke with the thought, "Today I go to Canaan Land!" Oh, bliss! Oh, joy! Oh, rapture! Of course that sounds absurd, but this is the week of the diphtheria prevention campaign and our part is to give toxoid to all Negro children—and they are so cute!

Posters have been placed all over town by the Girl Scouts and pamphlets handed out from house to house by the Boy Scouts. Radio talks by representatives from all the clubs and civic organizations in the city have made the public diphtheria conscious and explained how the disease can be prevented. For several Sundays, ministers have announced where the clinics will be held.

Today I met our school physician, my coworker, and our volunteer Junior League workers at the Canaan Land School. The schoolyard was literally covered with little colored children, very nonchalant about what was to be done. Mothers were armed with all-day suckers and other inducements for the youngsters to keep them happy.

We hurriedly set up our equipment on a table from the school cafeteria and arranged a line so that the Junior League workers could obtain all the necessary information before the inoculations were given. From then on it was a picnic. Giving the toxoid and carrying out the procedure were purely routine, but each child had his own way of expressing his dismay—"Jesus Lawd, help me," "Oh,

Gawd, don't let it hurt," and so on until the last little one had been given his "shot."

. . . .

One of the most interesting situations which I have encountered lately is concerned with two families who live in one small cottage. In each family there is an adult tuberculous patient. In both cases they have been very careless, not thinking how unfair they were being to their children and others who came in contact with them.

Mr. Smith's diagnosis—more than a year ago—was pulmonary tuberculosis, yet very little had been done about it. Actually, there was no money to do anything with, so things went along in a haphazard way until they moved into the home where there was another case of tuberculosis. Immediately they began to think more about it. (You know how it is—the other person's dirt or disease is always just a little more dangerous than our own.)

Mrs. Smith realized the danger and really wanted to do something for her husband, yet she was helpless because there was no money. In time, the two cases were reported to us and our visit disclosed twenty-one people living in one cottage. Mr. Smith was brought to the clinic and his diagnosis was found to be unchanged. Soon, through the help of the local relief agency, he was admitted to the sanatorium where he is now getting the best of care. All contacts in his family were examined at our tuberculosis clinic and one other case was found, a sixteen-year-old boy.

In the Jones family, where the wife is ill, things did not work so smoothly, for Mr. Jones could not see the necessity for medical care. Even though his second wife had died from tuberculosis, he did not understand why the present Mrs. Jones should be examined.

Her son, despite the opposition of his stepfather, brought his mother to the clinic, and her diagnosis was far-advanced, bilateral pulmonary tuberculosis. Home conditions were deplorable, making home care impossible. The son was advised to apply at the relief agency for hospitalization for his mother, since his stepfather was unemployed. The relief agency came to our aid, and Mrs. Jones was sent to a sanatorium. Of course, she may not recover, as the case has been neglected so long. Yet much good has been done for she is able to rest and she is being given the right food. And most important of all, the children are protected from further exposure to infection.

After several visits to the home, Mr. Jones consented to let the children be examined and we found that only one had a childhood infection. Mrs. Jones has an eleven-year-old son who is crippled and we are trying now to get him in the Shriners' Hospital or have him go there for regular treatments.

. . .

Our work may often depict tragedy, but it has its humorous elements also. The following incident shows our problem with the old Southern midwife.

While conducting an antepartum conference in a home, with a midwife present, I was laying great stress on sufficient rest, and explaining the importance of elevating the feet and legs. I urged that a sufficient amount of water should be drunk daily and gave the reasons for this. The midwife kept repeating, "Ain't it so! I tells 'em dat all de time. Dat's right. Dat's right."

When the conference was over the midwife clapped her hands and said, "Nurse, I tells 'em dat. I says, 'Raise yo feet and legs high so as to let the blood menstruate backwards.' An' I tells 'em to drink plenty of water so as to keep the baby from hurting his self when he do bump back and forth in yo inards."

And I had been Maggie's teacher!

The Public Health Nurse in the Control of Syphilis and Gonorrhea

By GLADYS L. CRAIN, R.N.
Epidemiologist, Massachusetts Department of Public Health, Boston, Massachusetts

Part VII

What Do You Know About Gonorrhea?

Can you answer these questions? A review of the material on gonorrhea in the preceding article (Part VI of the series) is given here in the form of questions. It is hoped they will be helpful both for staff educational programs and for use by individual readers.

THE CAUSATIVE ORGANISM

1. What organism causes gonorrhea?
2. When and by whom was it discovered?
3. Can it be cultivated readily on culture media?
4. How is the organism usually identified?
5. What staining method is associated with the diagnosis of gonorrhea? How are the organisms of gonorrhea distinguished in the stained smears?
6. What are the characteristics of the organism? Is it resistant outside the human body?
7. Can the progress of the disease be studied experimentally through animal inoculations?
8. Within the human body, what types of tissue does the organism thrive upon?
9. What is the incubation period of gonorrhea? How is this disease spread?
10. Why are "negative" smears no indication of freedom from infection?

GONORRHEA IN THE MALE

1. Of what structures and organs does the male urinary system consist? The male reproductive system?
2. What is the anatomic relation of the prostate gland to the reproductive and urinary systems? What is its physiological function?
3. What parts of the male reproductive system usually become involved in gonorrhea?
4. If gonorrhea reaches the posterior urethra, what other structures will be infected? Why?
5. What is epididymitis? Vesiculitis? Orchitis?
6. The involvement of what structures may cause sterility in the male?
7. What are the principles of treatment?
8. Why are powerful disinfectants contraindicated in the treatment of gonorrhea?
9. What effects have sexual excitement and alcohol on the course of gonorrhea?
10. How can the cure of gonorrhea in the male be determined?

GONORRHEA IN THE FEMALE

1. Of what structures and organs does the female urinary system consist? The female reproductive system?
2. What parts of the female urinary system usually become involved in gonorrhea? The female reproductive system?
3. What part do Skene's glands play in female gonorrhea? Where are these glands located?
4. What is Bartholinitis? Cervicitis? Endometritis? Oöphoritis? Salpingitis?
5. What effect has menstruation on

the course of gonorrhea? What effect has pregnancy?

6. What is "one-child sterility"?

7. What three structures in the female are likely to retain a gonococcal infection longest?

8. What are characteristic symptoms of gonorrhea in the female during the stage of infection? The stage of pelvic invasion? The stage of degenerative pelvic lesions?

9. What are the principles of treatment for the adult female patient? What is the present status of diathermy? Vaccines? Foreign proteins?

10. How is cure determined?

GONORRHEA IN THE FEMALE CHILD

1. What parts of the urinary and reproductive systems of the female child are usually involved in a Neisserian infection?

2. Why is the vagina so involved in preadolescent girls when it is the least involved in the adult female?

3. Why are endometritis, pus-tubes, and pelvic infection so rare in female children with gonorrhea?

4. What is the treatment of gonorrhea in the female child? Why is theelin sometimes used in the treatment of preadolescent girls? What advantages has the sitz-bath over other forms of treatment?

5. How is cure determined in gonococcal infections in girl children?

MISCELLANEOUS

1. What is gonococcal ophthalmia? How does the adult eye become infected?

2. What is gonococcal ophthalmia neonatorum? How are a baby's eyes infected?

3. How can the above infections be prevented?

4. What is gonococcal arthritis? How does the gonococcus reach the joints?

5. Does a gonococcal infection ever cause skin lesions? What is gonococcal endocarditis? Meningitis? Are they common?

GONORRHEA AND THE PUBLIC HEALTH

1. What three national organizations are concerned with advancing the knowledge of gonorrhea and standardizing treatment and control measures?

2. Name three obstacles to the satisfactory control of gonorrhea today.

3. Among what age-groups is gonorrhea most prevalent? What significance has this for the nurse in the school? In the community?

4. What is gonococcal proctitis? Has the careless use of the rectal thermometer any relation to epidemics of vulvovaginitis in children's hospitals and institutions? What about patients cared for in the homes by the visiting nurse?

5. How would you solve the following case in terms of your own community set-up?

A school girl 15 years of age confided to the community nurse that she had a severe vaginal discharge. She wanted to know what to do about it, and she begged the nurse not to tell her parents. The girl has two younger sisters who share a room with her, but each has her own bed.

a. Should the case be reported to the school physician? The school nurse?

b. Can the nurse send the patient to a doctor or clinic without the parents' knowledge or consent? How shall the nurse regard the patient's confidences? How shall she interpret the situation to her?

c. What specifically is the nurse's duty to the parents? What are the parents' prerogatives?

d. Should the nurse give the patient instructions regarding personal hygiene and protection of her family before a diagnosis is made? Why?

e. If a diagnosis of gonorrhea is eventually made, what is the nurse's responsibility to the patient? Her par-

ents? The school? The treatment agency?

f. Should the community nurse trace the source of infection? Arrange for contact examinations? What is her specific responsibility?

g. Can the nurse assist with emotional adjustments in the home through her attitude, and her understanding and interpretation of the situation?

h. How important is it to keep parent and child relationships unbroken?

i. Has this last anything to do with public health?

(To be continued)

ADDITIONAL SUMMER COURSES*

Indian Service Summer Schools for educational personnel including teachers, nurses, and social workers, especially those who are working among Indians:

Pine Ridge, South Dakota	June 14-July 23
Sequoyah, Oklahoma	June 14-July 23
Wingate, New Mexico	July 6-August 13
Chilocco, Oklahoma	July 6-July 31

Courses include: Rural Sociology, Health Education, First Aid and Safety, Racial Psychology, and Mental Hygiene. Sponsored by various academic institutions which allow credit for the courses.

For further information write to W. W. Beatty, Education Division, The Office of Indian Affairs, Washington, D. C.

*A list of summer sessions of interest to public health nurses appeared in the April and May numbers.

JOINT VOCATIONAL SERVICE

JVS reports the following placements and assisted placements during the month of May, 1937:

PLACEMENTS

Jeanette Snyder, Supervisor, Visiting Nurse Service, Elizabeth, N. J.

Blanche George, Supervisor, Visiting Nurse Association, Scranton, Pa.

Berneta Platt, Supervising Nurse, City Health Department, Quincy, Ill.

Nellie Oxley, Nurse-Matron, Mariners Family Asylum, Staten Island, N. Y.

Mary Manetti, Medical Social Worker, Kings County Hospital, Brooklyn, N. Y.

Rebecca M. Bowles, Community Nurse, Nursing Service, Stafford Springs, Conn.

Marion Doane, Community Nurse, American Red Cross, Tannersville, N. Y.

To Staff Positions:

Leila Morgan, Visiting Nurse Association, New Haven, Conn.

Mona Cutler, East Harlem Nursing and Health Service, New York, N. Y.

Carolyn Lindsey, Visiting Nurse Association, Orange, N. J.

Helen Croke, A.I.C.P., New York, N. Y.

Ruth Estelle Smith, Judson Health Center, New York, N. Y. (Temporary.)

Flora Chagnon, A.I.C.P., New York, N. Y. (Temporary.)

To Camp Nursing Positions:

Sophia Fischer, Camp Rainbow, Croton-on-Hudson, N. Y.

Marion Sprague, Camp Lincoln, Keesville, N. Y.

ASSISTED PLACEMENTS

Laura D. Harstad, Supervisor, Maternity, Infancy, and Child Hygiene, State Board of Health, Portland, Oreg.

Alice Marcella Fay, Educational Director, Instructive Visiting Nurse Service, Washington, D. C.

Hazel Dudley, Director, Bureau of Public Health Nursing, State Department of Health, Hartford, Conn.

Margery Hagen, Staff Nurse, Public Health Nursing Association, Rochester, N. Y.

Camille Burrows, Staff Nurse, Visiting Nurse Association, New Britain, Conn.

Viola Johnson, Staff Nurse, Community Health and Civic Association, Ardmore, Pa.

NOTES *from the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

WITH THE STAFF IN THE FIELD

Under this title, plans for the executive staff have been appearing—past, present, and future. The chronicle of the first was always easy; even the second was not too difficult; but it was the third which has proven an unsurmountable obstacle.

Since copy for a monthly magazine must be "set" three weeks before and go to press two weeks prior to a publication date we found ourselves occasionally having stated that one Assistant Director *had addressed* a meeting in Texas and another *had presided* at a conference in Ohio only to have the former recalled to the office and the latter kept by floods from reaching her destination.

To prevent such inaccuracies in the future, the N.O.P.H.N. news reporter will, in the main, restrict herself to recording only those engagements of the staff that are in the past.

Miss Deming continued her trip in the Midwest with a stop at Sioux City, Iowa, on May 19, for consultation with Nelle Morris, Director of the Visiting Nurse Association, and an address at the annual meeting of the Social Workers Club in Des Moines. She was the speaker at the N.O.P.H.N. Silver Jubilee banquet of the State Public Health Association and acted as chairman of a panel discussion on "What Are the Essentials in a Complete Community Nursing Service." She also visited Kansas City, Mo., to discuss plans for the Biennial Convention. From there she went to the National Conference of Social Work in Indianapolis, Ind., which Miss Davis attended also. May 31 found her in Milwaukee, Wis., to attend the annual meeting of the National Tuberculosis Association.

Miss Davis went to Moline, Ill., and Cleveland, Ohio, where she visited the public health nursing course at Western Reserve University, and to Indiana, where she attended the Silver Jubilee celebration of the Public Health Nursing Association of Indianapolis.

She went to Buffalo, N. Y., on June 2, where she addressed three public health committee meetings of the State Department of Health in Erie, Wyoming, and Chautauqua counties respectively.

Miss Jones addressed the Silver Jubilee Luncheon of the Dutchess County Health Association in Poughkeepsie, N. Y., on May 20 (see page 426). Mrs. Miller, the N.O.P.H.N. statistician, went to Bridgeport, Conn., on the 27th to consult with the Director of the Visiting Nurse Association there concerning their records.

Miss Houlton went to Trenton, N. J., on May 13 in behalf of an N.O.P.H.N. survey in Trenton, and spoke at a meeting of the Service Committee of the Zonta International Club.

(For J.V.S. Appointments see page 437)

SILVER JUBILEE HONOR ROLL

Isn't this an impressive list? All of these agencies have received their silver and blue Honor Roll Certificates as recognition of 100% staff enrollment in the N.O.P.H.N. Our goal for 1937 is about to be reached! The Honor Roll now proudly boasts 525 and the goal, you will remember, is 600. If your agency's staff is eligible for a certificate be sure to notify us at once. Asterisks indicate the number of years agencies have been Honor Roll members.

ALABAMA

*Pickens County Health Department, Carrollton
***Shelby County Health Department, Columbiana
***Tallapoosa County Health Department, Dadeville
*Marengo County Health Unit, Linden
***Perry County Health Unit, Marion

***Bureau of Hygiene & Nursing, State Health Department, Montgomery
***Pike County Health Unit, Troy
**Lamar County Health Department, Vernon
**Metropolitan Life Insurance Nursing Service, Weaver

ARIZONA

*St. Monica's Clinic, Phoenix
**Yuma County Health Service, Yuma

ARKANSAS

**Little Ricer County Health Unit, Ashdown
*Yell County Health Department, Danville
***Washington County Health Association, Fayetteville
**Metropolitan Life Insurance Nursing Service, Hot Springs
****Metropolitan Life Insurance Nursing Service, Little Rock
**Metropolitan Life Insurance Nursing Service, Pine Bluff

CALIFORNIA

***Coalinga Union High School, Coalinga
**Humboldt County Health Educational Committee, Eureka
*****Pittsburg Public Schools, Pittsburg
*****Santa Barbara Visiting Nurse Association, Santa Barbara

COLORADO

*Gunnison County Division of Public Health, Gunnison
*Bent County Health Unit, Las Animas
*****Weld County Public Health Nursing Service, Greeley

CONNECTICUT

****Branford Visiting Nurse Association, Branford
***District Nurse Association of Ansonia, Derby and Shelton, Derby
**Public Health Nursing Association, East Hampton
***Fairfield Visiting Nurse Association, Fairfield
**Town Nursing Service, Greenwich
**Public Health Nurse Association, Guilford
***Haddam Public Health Nursing Service, Higganum
**Visiting Nurse Committee, Town of Berlin, Kennsington
****Naugatuck Chapter, American Red Cross, Naugatuck
**Portland District Nurse and Welfare Association, Portland
**Red Cross Nursing Service, Putnam
**Metropolitan Life Insurance Nursing Service, South Norwalk
**Board of Education, Stamford
***Visiting Nurse Association of the Town of Windham, Willimantic
**Waterford Public Health Nursing Association, Waterford

DELAWARE

*Metropolitan Life Insurance Nursing Service, Dover

WASHINGTON, D. C.

**United States Public Health Service
*****American Red Cross, National Headquarters

FLORIDA

***Osceola County Public Health Nursing Service, Kissimmee
*****Marion County Public Health Nursing Service, Ocalo
*Hillsborough County Health Department, Tampa
**American Red Cross, West Palm Beach

GEORGIA

**Metropolitan Life Insurance Nursing Service, Athens
**Metropolitan Life Insurance Nursing Service, Covington
*****Chatham County Health Department, Savannah
**Chatham-Savannah Tuberculosis Association, Savannah
**Savannah Sugar Refining Corporation, Savannah
*Union Bag & Paper Corporation, Savannah

IDAHO

**Bunker Hill and Sullivan Mining and Concentrating Company, Kellogg

ILLINOIS

****Metropolitan Life Insurance Nursing Service, Alton
**Metropolitan Life Insurance Nursing Service, Belleville
****Amity Society, Freeport
**Stephenson County Tuberculosis Board, Freeport
*****Moline Public Health Nursing Service, Moline
**Division of Child Hygiene, State Department of Public Health, Springfield
**Metropolitan Life Insurance Nursing Service, Waukegan
******Winnetka Relief and Aid Society, Winnetka
******Board of Education, Galesburg

INDIANA

*Perry County Public Health Nursing Service, Cannelton
**Allen County Anti-Tuberculosis League, Fort Wayne
*****Visiting Nurse League, Fort Wayne
*****Huntington City Schools, Huntington
**Arsenal Technical Schools, Indianapolis
****Bureau of Public Health Nursing, State Board of Health, Indianapolis
**Metropolitan Life Insurance Nursing Service, Kokomo
**Metropolitan Life Insurance Nursing Service, Marion
***Floyd County Tuberculosis Association, New Albany
****City Schools, Terre Haute
***Valparaiso School Nursing Service, Valparaiso

IOWA

**Des Moines County Health Unit, Burlington

***Public Health Nursing Association of Cedar Rapids, Cedar Rapids
*****Visiting Nurse Association, Council Bluffs
****Community Nursing Service, Marshalltown
***Monona County Chapter, American Red Cross, Onawa
***Lyon County Public Health Nursing Organization, Rock Rapids

KANSAS

***Board of Education, Emporia
*Rice County Maternal & Infant Nursing Service, Lyons
**Coleman Lamp Company, Wichita

KENTUCKY

*Metropolitan Life Insurance Nursing Service, Henderson
*Metropolitan Life Insurance Nursing Service, Owensboro

LOUISIANA

*De Soto Parish Health Unit, Mansfield
*Caddo-Shreveport Health Unit, Shreveport

MAINE

****Bath Chapter, American Red Cross, Bath
*****Woman's City Club of Calais, Calais
*****Gardiner Public Health Association, Gardiner

MARYLAND

**Metropolitan Life Insurance Nursing Service, Hagerstown

MASSACHUSETTS

*****Arlington Visiting Nursing Association, Arlington
**John Hancock Mutual Life Insurance Nursing Service, Everett
**Framingham Community Health Association, Framingham
**Berkshire Health District, Great Barrington
******Visiting Nurse Association, Great Barrington
*****Franklin County Public Health Association, Greenfield
*****Lynn Visiting Nurse Association, Lynn
***Instructive Nursing Association, New Bedford
*****Newton District Nursing Association, Newton

MICHIGAN

***Board of Education, Berkley
*****North End Clinic, Detroit
**Midland County Department of Health, Midland

MINNESOTA

**Itasca County Nursing Service, Grand Rapids

MISSOURI

**Metropolitan Life Insurance Nursing Service, Jefferson City
**Atchison County Health Service, Rock Port
**Quaker Oats Company, St. Joseph
*****Visiting Nurse Association of St. Louis, St. Louis

MONTANA

**State Normal College and Public School System, Dillon

NEBRASKA

*Dundy County Public Health Nurse, Benkelman

NEVADA

*Nevada State Department of Health, Ely
******Nevada State Board of Health, Reno

NEW HAMPSHIRE

**State Board of Education, Concord
***Franklin School Nursing Unit, Franklin
**Metropolitan Life Insurance Nursing Service, Laconia
******Lincoln Chapter, American Red Cross, Lincoln
****Milton Branch, American Red Cross, Milton
***Pittsfield Public Health Nursing Association, Pittsfield
****Portsmouth District Nursing Association, Portsmouth
***Walpole School Nursing Unit, Walpole

NEW JERSEY

**Metropolitan Life Insurance Nursing Service, Asbury Park
***Public Health Association, Atlantic Highlands
***Bridgeton Chapter, American Red Cross, Bridgeton
****Camden County Tuberculosis Association, Camden
**Red Cross Public Health Nursing Association, Keyport
*****Merchantville-Pennsauken Visiting Nurse Association, Merchantville
******Montclair Bureau of Public Health Nursing, Montclair
***Moorestown Visiting Nurse Association, Moorestown
**Morris County Tuberculosis Association, Morristown
**New Jersey State Teachers College, Newark
*****Visiting Nurse Association of the Oranges and Maplewood, Orange
**Metropolitan Life Insurance Nursing Service, Perth Amboy
*****Red Bank Public Health Nursing Association, Red Bank
**Lowe Paper Company, Ridgefield
**Ocean County Health Association, Toms River
******Metropolitan Life Insurance Nursing Service, Trenton
**Visiting Nurse Association, Woodbury

NEW MEXICO

**Eddy County Nursing Service, Carlsbad
**Lincoln County Nursing Service, Carrizozo
**Luna County Nursing Service, Deming
*****DeBaca County Health Department, Fort Sumner
*New Mexico Normal University, Las Vegas
***San Miguel County Health Department, Las Vegas

**Valencia County Nursing Service, Los Lunas
****Lea County Health Department, Lovington
***Mora County Health Department, Mora
**Harding County Nursing Service, Mosquero
***Roosevelt County Health Department, Portales
*Colfax County Health Department, Raton
*Chaves County Health Department, Roswell
****U. S. Indian Service, San Felipe
***State Bureau of Public Health, Santa Fe
****Socorro County Nursing Service, Socorro
*Taos County Health Department, Taos
*U. S. Indian Service, Tohatchi
*Board of Education, Tucumcari
*****Quay County Health Department, Tucumcari

NEW YORK

**Metropolitan Life Insurance Nursing Service, Batavia
****Buffalo Tuberculosis Association, Buffalo
******Visiting Nursing Association of Buffalo, Buffalo
**Metropolitan Life Insurance Nursing Service, Far Rockaway
**Glen Head School, Glen Head
**Township of Marlboro Nursing Service, Milton
****Association for Improving the Condition of the Poor, New York City
*Henry Street Visiting Nurse Service, Fordham Center, New York City
***Judson Health Center, New York City
****Metropolitan Life Insurance Home Office Administrative Nursing Staff, New York City
***Northport Public Schools Northport
**Metropolitan Life Insurance Nursing Service, Patchogue
******Dutchess County Health Association, Poughkeepsie
*****East Aurora Branch, American Red Cross, East Aurora
**Metropolitan Life Insurance Nursing Service, Port Jervis

NORTH CAROLINA

**Metropolitan Life Insurance Nursing Service, Burlington
***Metropolitan Life Insurance Nursing Service, Gastonia
**Metropolitan Life Insurance Nursing Service, Salisbury

NORTH DAKOTA

***Cass County Public Health Organization, Fargo

OHIO

***Barberton Red Cross Nursing Service, Barberton
***Kent Red Cross Visiting Nurse Association, Kent
**Metropolitan Life Insurance Nursing Service, New Philadelphia
**Public Health League, Shelby
**Metropolitan Life Insurance Nursing Service, Steubenville

OKLAHOMA

**Metropolitan Life Insurance Nursing Service, Oklahoma City

OREGON

****Clackamas County Health Unit, Oregon City
**Marion County Department of Health, Salem

PENNSYLVANIA

***Visiting Nurse Service, Allentown
*****North Penn Community Centre, Ambler
****Community Health and Civic Association, Ardmore
***Visiting Nurse Association, Bethlehem
***Brookville Chapter, American Red Cross, Brookville
****Delaware County Tuberculosis Association, Chester
***Giant Portland Cement Company, Egypt
****Fleetwood Visiting Nurse Association, Fleetwood
***Wayne County Chapter, American Red Cross, Honesdale
****Latrobe Chapter, American Red Cross, Latrobe
**Visiting Nurse Association, Lebanon
***Community Nurse Association, Lewisburg
*Metropolitan Life Insurance Nursing Service, Meadville
****Red Cross Community Nursing Service, Morrisville
**Metropolitan Life Insurance Nursing Service, Mt. Carmel
***Mount Pleasant Red Cross, Mount Pleasant
***Public Health Nursing Association, Pittsburgh
******Service Circle of the King's Daughters, Pottsville
***Lackawanna County Branch Pennsylvania Tuberculosis Society, Scranton
***Chester Valley Red Cross Community Nurse Association, Whitford

RHODE ISLAND

*****Bristol District Nursing Association, Bristol
***Bristol School Department, Bristol
*****Richmond Visiting Nurse Association, Carolina
***Central Falls Health Department & City Clinic, Central Falls
***Jamestown Branch, American Red Cross, Jamestown
*****John Hancock Mutual Life Insurance Nursing Service, Newport
******Pawtucket and Central Falls Chapter, American Red Cross, Pawtucket
****Portsmouth Branch, American Red Cross, Portsmouth
******Providence District Nursing Association, Providence

*Rhode Island Health Department, Providence
****Sayles Finishing Plants, Inc., Saylesville
*****Warren District Nursing Association, Warren
******Woonsocket Public Health Nursing Association, Woonsocket

SOUTH CAROLINA
***State Board of Health, Chester
**Metropolitan Life Insurance Nursing Service, Greenville
*Hampton County Health Department, Hampton

SOUTH DAKOTA
***Health Department, Aberdeen Public Schools, Aberdeen

TENNESSEE
**Metropolitan Life Insurance Nursing Service, Cleveland
***Carter-Unicoi Health Department, Erwin
**Hardin County Health Department, Savannah
*****Sevier County Health Department, Sevierville

TEXAS
*Southern Alkali Corporation, Corpus Christi
*****Dallas Public Schools, Dallas
*Galveston Public Health Nursing Service, Galveston
**Bexar County Health Department, San Antonio
*Culberson County Nurse, Van Horn

UTAH
******Metropolitan Life Insurance Nursing Service, Salt Lake City
******Salt Lake Visiting Nurse Association, Salt Lake City

VIRGINIA
**Metropolitan Life Insurance Nursing Service, Alexandria
**Fairfax County Health Department, Fairfax
****Instructive Visiting Nurse Association, Newport News

WASHINGTON
***Metropolitan Life Insurance Nursing Service, Spokane

WEST VIRGINIA
*****Charleston Public Health Nursing Association, Charleston
**County Public Health Nursing Service, Clay
***Huntington Tuberculosis Association, Huntington
**McDowell County American Red Cross and Board of Education, Welch
*Putnam County Health Department, Winfield

WISCONSIN
***City Health Department, La Crosse
***Board of Education, Menasha
****Wisconsin Anti-Tuberculosis Association, Milwaukee
*****Marathon County Health Department, Wausau

HOTELS AT THE BIENNIAL CONVENTION

KANSAS CITY, MISSOURI, APRIL 25-29, 1938

Hotel	Address	Single	Double
Aladdin	1213 Wyandotte	$2.00-$2.50	$3.00-$5.00
Ambassador	Broadway and Knickerbocker Pl.	2.00- 3.50	4.00- 5.50
Baltimore	12th and Baltimore	1.50- 3.00	2.50- 6.00
Bellerive	214 East Armour	2.50- 4.00	4.00- 5.00
Bray	1114 Baltimore	1.25- 2.00	2.00- 3.00
Chase	911 Holmes	1.50	2.50
Commonwealth	12th and Broadway	2.00- 2.50	3.00- 5.00
Dixon	12th and Broadway	1.50- 3.50	2.50- 5.00
Kansas Citian*	11th and Baltimore	2.00- 4.00	3.50- 6.00
Muehlebach**	12th and Baltimore	2.50- 6.00	4.00- 8.00
Phillips	12th and Baltimore	2.50- 4.00	4.00- 6.00
Pickwick	10th and McGee	2.00- 3.00	3.00- 4.00
President***	14th and Baltimore	2.00- 3.50	3.00- 6.00
Robert E. Lee	13th and Wyandotte	1.50- 2.50	2.50- 3.50
Savoy	9th and Central	1.00- 1.50	1.75- 2.25
Sexton	15 West 12th Street	1.50- 2.50	2.50- 5.00
Stats	12th and Wyandotte	1.50- 3.00	2.00- 5.00

*Headquarters for the National League of Nursing Education.
**Headquarters for the American Nurses' Association.
***Headquarters for the National Organization for Public Health Nursing.

All requests for reservations should be sent to Elizabeth Martin, Chairman of the Housing Committee, 1028 Baltimore Avenue, Kansas City, Mo. If possible, please give 1st, 2nd, and 3rd choices of hotels desired.

EDITED BY
ELEANOR W. MUMFORD

SICKNESS AND INSURANCE

By Harry Alvin Millis. 166 pp. University of Chicago Press, Chicago, 1937. $2.00.

Professor Millis, an economist, discusses sickness insurance under three major headings and always from the point of view of the economist. Under the general heading of the nature of the sickness problem are: a resumé of the extent and cost of sickness; methods of attack upon the problem; prevention of sickness—that is public health service and health service in industry; and the schemes for making up the cost of loss of time by mutual benefit associations, trade unions, fraternal orders, and commercial insurance companies. In considering the cost of treatment, the author discusses the usual basis of medical care, the development of clinics of various types, medical service bureaus, medical groups, group hospitalization, and the provision of care on an insurance basis by associations and by industries. Under this general heading is a discussion of the income of physicians, dentists, nurses, and the present status and trend of public and private hospitalization.

In the second section of the book, Professor Millis discusses the history of compulsory health insurance abroad, giving in detail the development and present status of health insurance in Germany, Great Britain, and France.

In the final section, the various movements toward compulsory health insurance in this country are reviewed and analyzed and the author ventures to suggest a modification of proposals already made and of British experience which, in his opinion, would be economically sound and professionally workable. The author's plan has four important provisions:

1. An extended and improved public health service.
2. Amendment of Social Security Act to provide cash benefits for wage earners when disabled by sickness as well as when unemployed because of lack of work.
3. Appropriate tax-supported medical care for special groups.
4. Organized medical care of persons in the lower income groups for high cost illness, with the costs met by compulsory insurance contributions and tax revenues.

This book crowds into less than 200 pages the more significant items of this entire problem. It is exceedingly well documented and indexed and will provide an easily used reference book for those interested in the subject. Professor Millis' cost figures on illness, the investments in hospitals, and the income and expenditures in connection with the various schemes in Europe bring the financial aspects of the problem into sharp relief.

W. F. Walker, Dr.P.H.
New York, New York

SOCIAL WORK YEAR BOOK

Russell H. Kurtz, Editor. Fourth issue. 709 pp. Russell Sage Foundation, New York, N. Y., 1937. $4.00.

The *Year Book*, which is published biennially, reports the current status in social work and allied fields. The first part is given over to topical articles entitled "An Authoritative Record of Organized Activities"; the second part is "A Directory of 1020 National and State Agencies."

Public health is discussed by Allen W. Freeman, M.D., Dean and Associate Professor of Public Health Administration, School of Hygiene and Public Health, Johns Hopkins University. Dr. Freeman defines the scope of the term public health, and notes changing problems and finances. The place of the private agency in the health field is discussed by Kendall Emerson, M.D., Managing Director of the National Tuberculosis Association. And Dorothy Deming, General Director of the National Organization for Public Health Nursing, presents public health nursing.

This book is an invaluable reference and should be accessible in as many reference libraries as possible. E.M.

FEEDING OUR CHILDREN

By Frank Howard Richardson. 160 pp. Thomas Y. Crowell Company, New York, 1937. $1.00.

The author of this book has had a long, successful experience as a physician and writer. Most public health nurses are familiar with one or more of his interesting books on various topics related to child health or with his frequent, practical articles for parents in national magazines.

In the foreword Dr. Richardson says, "The aim of this book is to simplify and clarify and make very practical the message that the science of nutrition has for the housewife."

To accomplish this the book has been divided into two parts. Part I discusses factors involved in our modern knowledge of nutrition and the part each plays; various classes of foods and what each does in nourishing the body; and how menus are made. Part II deals with the application of these principles to the different age-levels from the prenatal period through college age.

In Part I the author has encountered the usual difficulties which everyone meets when attempting to summarize the vast field of recent nutrition research and to state the findings simply. He has succeeded in making technical facts clear and very interesting. However, some statements are not up to date and others give readers questionable facts on the comparative merits of certain foods.

In the second half of the book the application of nutrition principles to various age-levels has been presented in an excellent manner. These chapters very definitely clarify nutrition and make it practical.

ANNA DEPLANTER BOWES
Philadelphia, Pennsylvania

CHILD CARE AND TRAINING

By Marion L. Faegre and John E. Anderson. 327 pp. The University of Minnesota Press, Minneapolis, fourth edition, revised, 1937. $2.50.

This publication, which deals with the development and care of the child, grew out of the extension courses and child-study groups offered by the Institute of Child Welfare of the University of Minnesota. Parents contributed guidance to this study through their questions. The book is of value to parents, and to teachers, nurses, social workers, and others who desire a broader understanding of how to improve their technique in working with parents and children.

In sixteen concrete chapters the authors discuss the physical, mental, emotional, and social growth and development of the normal child from birth to school age. The relation of physical care to growth, learning, and emotional reactions of the child is stated clearly and examples are cited.

Emphasis is placed upon the value of the home as an educational environment for the young growing child; the importance of family life to provide the activities and experiences necessary for the development of the constructive drives of children; and the exercise of the qualities which make for good citizenship and desirable social leadership. Attention is called to the urgent need for thoughtful, understanding, and well informed parents, willing and capable of assuming responsibility for guiding their

children during the formative period so that each may early learn the value of fair play, coöperation, and respect for the rights of others; to take a rational attitude toward problems and difficulties as they arise; to accept responsibility; and to be able to adjust to changing conditions and a variety of circumstances.

Twenty attractive photographs of children engaged in various activities illustrate in part the subject matter discussed. A few pertinent questions and suggested readings at the close of each chapter summarize the content and act as a guide for further study.

The final bibliography covers popular and technical books and pamphlets dealing with the development and training of young children.

BERTHA B. EDWARDS
New York, New York

TWO STUDIES OF SALARIES AND PERSONNEL POLICIES

Salaries, Vacations, and Sick Leave in Private Family Case Work Organizations in March 1936

By Ralph G. Hurlin. 12 pp. Family Welfare Association of America, New York, N. Y., 15c. (Reprinted from *The Family*, December 1936, January and February 1937.)

This is the sixth in a series of studies of salaries in family case work made by the Department of Statistics of Russell Sage Foundation. It summarizes the results of a questionnaire sent to 243 private agencies engaged in such work. Similar to the method used in the N.O.P.H.N. annual salary studies of public health nurses, the analyses of salaries are made for the various positions by size of the staff, and by size of the city. (An analysis of results, when salaries are studied by location of the organization geographically, is not included.) More statistical detail is included than in N.O.P.H.N. studies. Some of the conclusions reached are similar to those found in the studies of public health nursing. Salaries of executives and supervisors increase with size of the organization, salaries of case workers in the smaller cities (under 25,000 population) tend to be higher than those in cities of intermediate size. Mr. Hurlin comments in regard to the latter fact, "frequently salary standards in smaller cities are determined by the competition of large adjacent cities."

Three phases of the personnel practices question have been included in this study: vacations, hours of work, and sick leave. A marked difference in vacation allowance to executives and supervisors as contrasted with case workers is found. In nursing organizations, generally no distinction is made between vacation time allowed those holding administrative positions and the staff nurses.

The study shows that the usual number of working hours weekly (exclusive of lunch hours) is 38 to 39 hours, a seven-hour day for 5 days, and 3 or 4 hours on Saturday. It is interesting to compare this result with information available with regard to public health nurses. The most recent study* indicates that the usual hours of work per week in public health nursing organizations are longer—40 to 44—7 to 8 hours daily and 5½ days a week. More recent information on this point will be available shortly. The policy on allowance for sick leave is found to be approximately the same as that for public health nurses.

A comparison of salaries in 1936 with those of 1929, 1931, 1932, and 1934 is included and the statement is made, "While these data seem to indicate clearly that in the private family case work agencies the tendency has been for salaries to increase during the past two years, and that the general level is now no lower than in 1929, great satisfaction cannot be taken in this fact, since it is probable that, on the average, the qualifications of the workers in these agencies are considerably higher in 1936 than in 1929. Although evidence on this point was not produced in this study, it is

*Question Box. PUBLIC HEALTH NURSING, July 1933, p. 406.

probable that the proportion of thoroughly trained workers is much larger now than eight years ago."

Salaries and Professional Qualifications of Social Workers in Chicago, 1935

By Merrill F. Krughoff. 89 pp. The University of Chicago Press, Chicago, Ill., 1937. 50c.

This report of a study of salaries and professional qualifications of social workers in the case work agencies of Chicago is the last of a series of studies of personnel and salaries in social work in that city. Information was received from 1190 social workers in 77 agencies. The results are presented in tables for each of five fields, one of which is the family welfare field. The information available with regard to such details of qualifications as academic and professional education, and eligibility for membership in A.A.S.W. has been studied in relation to salaries.

The conclusion is reached that a little over half of the workers included in this study may be said to have adequate preparation for professional service. Further, the relationship between salary and training shows that the former does not increase consistently as professional education increases but increases with length of experience. It will be interesting to compare these findings with those which will be available when studies of salaries and personnel practices now under way by the N.O.P.H.N. are completed. A statement is made in this report on the subject of salaries and qualifications of workers which applies not only to the field of case work. "To secure service of the highest quality, then, the community must insist upon adequate standards of professional education and salary levels high enough to justify their attainment."

The findings in regard to vacation, sick leave and hours of work per week agree closely with the study made by Mr. Hurlin which is commented on above. A.J.M.

PREVENTIVE MEDICINE

By Mark F. Boyd. 561 pp. W. B. Saunders Company, Philadelphia, fifth edition, 1936. $4.50.

The author, with his excellent background in public health teaching and research, prepared his text seventeen years ago. The book is one of the pioneer manuals in preventive medicine and the present edition, which is the fifth, has been revised and modernized in many chapters. It is rather unfortunate, however, that so many of the old references have been emphasized and some of the newer experiences in the control of communicable diseases have been entirely omitted.

To the health officer and to the serious student of sanitation the volume remains a valuable reference book and may serve as a guide and outline to general practice in hygiene. The book is well illustrated with photos, descriptive diagrams, and charts.

HENRY F. VAUGHAN, DR.P.H.
Detroit, Michigan

RELIEF AND HEALTH PROBLEMS OF A SELECTED GROUP OF NON-FAMILY MEN

By Glenn H. Johnson. 81 pp. The University of Chicago Press, Chicago. 50c.

This study of 144 resident non-family men who are under the active care of the Cook County Relief Administration was made by the School of Social Service Administration of the University of Chicago. Both the public health and individual health aspects of the problem are discussed at length. The inadequacy of the relief program is pointed out and recommendations are made for merging non-family and family case work. Unfortunately the study has been set up in very small varietype making it somewhat difficult to read. Doubtless this has been done for budgetary reasons but the value of material is often lost because of the fatigue of reading unnecessarily difficult print.

E.M.

• The National Society for the Prevention of Blindness held a four weeks' institute from May 3-28 under the direction of Mrs. Francia Baird Crocker, Associate for Nursing Activities of the Society. Lectures, discussions, and demonstrations were given by ophthalmologists, public health officers, social workers, and staff members of the organization.

• A three-months' course in applied syphilis epidemiology for public health nurses and social workers is offered at the University of Pennsylvania in coöperation with the United States Public Health Service and the Pennsylvania State Health Department, under the direction of Dr. John H. Stokes. The course is repeated three times during the year, beginning in September, December, and March. The time is devoted chiefly to medical lectures and discussions, group conferences, and field practice in contact and follow-up work, and observation in field agencies. At the present time the classes are limited to eight students. Credit is allowed in the Department of Nursing Education for nurses meeting the other requirements of the department.

For further information, write to Norman R. Ingraham, Associate in Charge, Institute for the Control of Syphilis, University of Pennsylvania, Philadelphia, Pennsylvania.

• "Because of a satisfying combination of attractive format, specific magnetizing reading matter, and easily understood pictorial statistics," the Awards Committee of the National Social Work Publicity Council has selected for first place the 1936 campaign booklet of the Henry Street Visiting Nurse Service, New York, New York. This announcement was made in the May 1937 *News Bulletin* of the Social Work Publicity Council.

The booklet includes also a report for the years 1931-35. It is printed on butcher's paper with a blue border. Blue paragraph heads line the margin. The pictographs are most effective. Facsimiles of call slips bear such remarks as "6 children ill with grippe. Mother very anxious to learn proper care."

• Those who were awarded the Isabel Hampton Robb scholarships—among 62 candidates—for 1937 are: Henrietta Doltz, Portland, Oreg., Mary M. Dunlap, Omaha, Neb., Mildred L. Montag, Minneapolis, Minn., Ida Baker, Lewiston, Maine, Selma L. Moody, Danville, Ill., Dorothea E. Mortensen, Lincoln, Neb., Alma E. Gault, Chicago, Ill.

Miss Dunlap will take a course in public health nursing at Teachers College, New York, N. Y.; Miss Gault, a course in Sociology at the University of Chicago, Chicago, Ill. The other five will take courses in Nursing Education, Miss Doltz at the University of Washington, Seattle, Miss Moody at the University of Chicago, and the others at Teachers College.

• June 12 marked the 100th consecutive broadcast of "The Mount Sinai Question Box of Health," which is heard on Saturdays at 9:30 a.m. over radio station KYW, a National Broadcasting Company affiliate. The broadcast is a 15-minute informal conference on everyday health problems, conducted under the auspices of Mt. Sinai Hospital, Philadelphia, Pa.

• The New York Hospital School of Nursing celebrated its sixtieth anniversary on its Alumnæ Day, June 9. A special feature of the day was the showing for the first time of a motion picture called "Making a Nurse," which depicts the various activities offered at a school of nursing to prepare students for the principal fields of nursing.

• The 30th Annual Meeting of the National Association of Colored Graduate Nurses will convene in St. Louis, Mo., August 16-20. Mabel Northcross, 2616 Goode Avenue, St. Louis, is Chairman of the Convention Committee.

• The following officers of the State Section on Public Health Nursing were elected at a recent meeting of the Ohio State Nurses' Association: *Chairman*, Anne Doyle, Hamilton; *Vice-Chairman*, Mrs. Carrie Lewis, Cleveland; *Secretary*, Retta E. Clark, Toledo.

NEW APPOINTMENTS

(*For J.V.S. Appointments see page* 437)

Marjorie Josselyn, Educational Secretary, Bergen County Tuberculosis and Health Association, Hackensack, N. J.

Marie Jacobson, Director, Public Health Nursing, State Board of Health, Austin, Tex.

Evelyn Reinhart, Tuberculosis Field Nurse, Bergen County Tuberculosis and Health Association, Hackensack, N. J.

Evelyn Sipp, Tuberculosis Case Worker, Bergen County Tuberculosis and Health Association, Hackensack, N. J.

Laura Zukowski, Staff Nurse, Visiting Nurse Association, Moorestown, N. J.

Mrs. Ruth Fallon, School Nurse, Public Schools, Catskill, N. Y.

Mrs. Margaret Johnson Rainum, Community Nurse, American Red Cross, Nutley, N. J.

Marie Gaumont, Public Health Nurse, Gould Farm, Great Barrington, Mass.

Oneita Atwood, Public Health Nurse, State Board of Health, Jackson, Miss.

Second Prize Entry in N.O.P.H.N. Silhouette Contest. By Helen M. Irwin, formerly Visiting Nurse Association, Syracuse, N. Y.

(For the winners of the contest, see PUBLIC HEALTH NURSING, June 1937.)